
TRANSCRIPT OF THE
BOARD OF HEALTH MEETING

NYC - DEPARTMENT OF HEALTH & MENTAL HYGIENE
Gotham Center
42-09 28th Street,
3rd Floor, Room 3-32,
Long Island City, New York 11101

TUESDAY SEPTEMBER 12, 2017
10:42 A.M.

1 APPEARANCES:

2 NYC BOARD OF HEALTH MEMBERS

3 MARY T. BASSETT, MD, MPH

4 Commissioner of the NYC Department of Health and Mental
5 Hygiene and Chair of the Board of Health

6 PAMELA S. BRIER, MPH

7 Former President and CEO of Maimonides Medical
8 Center.

9 SIXTO R. CARO, M.D.

10 Member of the Board of Health and operates a private
11 practice

12 SUSAN KLITZMAN, DrPH, MPH, CPH

13 Senior Associate Dean for Administration and
14 Professor of Environmental and Occupational Health
15 Sciences at CUNY School of Public Health

16 DEEPTHIMAN K. GOWDA, MD, MPH

17 Director of Foundations of Clinical Medicine,
18 Director of Clinical Practice, Program in
19 Narrative Medicine and an associate professor of
20 medicine at CUMC Columbia University College of
21 Physicians and Surgeons

22 LYNNE D. RICHARDSON, MD, FACEP

23 Professor and Vice Chair of Emergency Medicine and
24 Professor of Population Health Science & Policy at
25 The Icahn School of Medicine at Mount Sinai.

1 APPEARANCES CONTINUED

2 Gail B. Nayowith, MSW

3 Principal of the digit LLC, the project management and
4 consulting practice

5 ROSA M. GIL, DSW

6 President and CEO of Communilife, Inc.

7 KAREN B. REDLENER, MS.

8 Executive Director Children's Health Fund & Community
9 Pediatric Programs of Montefiore Health System

10 * * * * *

1 COMMISSIONER BASSETT: We're now
2 moving to the last of the proposed
3 resolutions for the Board in
4 consideration for adoption, which is
5 a proposal to amend Article 47 of
6 Child Care Services, and we have the
7 team here.

8 I just would note that this will
9 be Mr. Cresciullo's final
10 presentation of many that he's made
11 over the years to the Board of Health
12 because he will be leaving the Health
13 Department, but not city government.

14 Thank you for being here to
15 finish this today, I hope.

16 MR. CRESCIULLO: I hope so too.
17 Thank you very much.

18 So good morning. I'm Frank
19 Cresciullo, Assistant Commissioner of
20 our Bureau of Child Care.

21 MALE SPEAKER: I'm Tom
22 (inaudible), Early Childhood
23 Development.

24 MR. CRESCIULLO: And we're here
25 today seeking the Board's approval of

1 an amendment to Article 47 regarding
2 drop off child care services in home
3 and shelters, family home and
4 shelters.

5 So we did have our public
6 comment period, and we received a
7 number of comments from homeless
8 advocates as well as providers. In
9 general, they supported the
10 regulation of drop off shelter-based
11 care, but they did make a number of
12 suggested revisions regarding our
13 original proposal on the limitation
14 of the use of drop off services. The
15 role of the childcare liaison, the
16 role of staff qualifications and
17 facilities. So we'll just walk
18 through some of that and inform you
19 as to the changes that we made based
20 on the comment.

21 So if you recall, the original
22 proposal was to learn to drop off
23 care to 10 hours per week per child.
24 As you can imagine, we received many
25 comments suggesting that the strict

1 time constraints on entering a
2 shelter environment for families
3 would limit their ability to sort of
4 adjust to the shelter and find child
5 care for their children. Also that
6 some of the families are deemed
7 ineligible for subsidized childcare
8 and of course cannot afford full-time
9 care.

10 It also pointed out there's a
11 limited capacity for infants and
12 toddlers, not just throughout the
13 system, but the whole center system
14 in New York City. The fact that
15 families would need the extended drop
16 off hours if they happened to work at
17 night. And one comment involved the
18 shelter environment intended to be
19 sort of temporary for families and
20 requiring this moment in long-term
21 care presumes a longer childhood
22 stay.

23 So our response to the limit on
24 the drop off service is that we would
25 have no limit for the first 90 days

1 that a family enters a family shelter
2 giving them the time to adjust and
3 find care for their children in 20
4 hours a week thereafter for each
5 child.

6 A lot of that was based on
7 surveys, surveys conducted by
8 ourselves, as well as data provided
9 by THS and ACS, as well as win.

10 (Phonetic) If a family needs or
11 doesn't qualify for a subsidy for
12 child care, they could request the
13 modification, the shelter on their
14 behalf, or request the modification
15 of the code, establish that they do
16 not qualify, and the department would
17 then waive the cap for that specific
18 family.

19 In addition, if a shelter does
20 not have available child care
21 capacity within that half mile
22 radius, the same can be done. They
23 can request a modification, and we
24 would do our assessment to make sure
25 that capacity is not available. And

1 we would approve the modification
2 request.

3 Based on the data we have, most
4 of the shelters do have, within a
5 half mile radius, a number of early
6 learn sites and a number of private
7 sites. And at the time that the
8 survey was done, they do appear to
9 have spare capacity, but a survey was
10 done in August when many have sort of
11 low enrollment.

12 So this is a very sort of point
13 in time data, and we'll just have to
14 assess, you know, any modification or
15 request that we receive for the cap
16 on time.

17 In addition to all of that, if
18 one of our programs are very high
19 quality and they want to seek an
20 Article 47 childcare permit, they
21 could do so, and they would have no
22 cap on the service that they provide.

23 We also received a number of
24 comments about the liaison role.
25 Again, if you recall, this is the

1 individual at the shelter that would
2 assist families upon intake in
3 finding child care, letting them know
4 what their options are, assisting
5 them with obtaining subsidies. There
6 are very supportive comments that, in
7 fact, they asked that we add an
8 additional role of making referrals
9 to the Committee on preschool special
10 education for kids that need
11 educational assistance. So we have,
12 in fact, added that role.

13 And we're also going to be
14 requiring recordkeeping around the
15 number of families entering the
16 shelter, the number of children in
17 residents under the age of six years,
18 referrals made to licensed childcare
19 facilities and the number of children
20 enrolled in the child care
21 facilities. I think that will give
22 everybody a good sense of demand and
23 need and what exactly we have
24 happening once a family enters a
25 shelter.

1 We also asked to allow --
2 experience a substitute for a BA
3 degree or a BS degree for the child
4 care liaison. We haven't changed
5 from the original proposal. We'll
6 maintain that. Two reasons: One,
7 DHS, through it's contracting, does
8 provide early care and education
9 liaisons as well as client care
10 coordinators. Both of those
11 positions require a BA. Many of them
12 have Masters degrees. And if a
13 facility does have the very high
14 qualified person with a lot of
15 experience and they can use, again,
16 the modification clause in the code,
17 then the department would consider
18 that individual. So we would mark
19 that on a case-by-case basis.

20 And we were also asked if we
21 would grandfather the existing
22 physical time requirements in the
23 health code. We have not made any
24 change. The physical plant
25 requirements speak directly to the

1 health and safety of children. And
2 it's not just the health code. It's
3 the fire code, it's the building
4 code. And we think it's very
5 important that programs maintain that
6 level of safety for the kids.

7 So I'm happy to take any
8 questions you may have.

9 COMMISSIONER BASSETT: Thank
10 you. Your presentation is open for
11 questions and comments.

12 MS. REDLENER: Well, first of
13 all, as people know, I was very
14 concerned about the initial proposal
15 that was discussed at the last
16 meeting, and I really want to
17 recognize that the Department of
18 Health has done a lot to consider the
19 comments that were provided by
20 homeless shelter facilities and
21 advocacy groups. And I'm impressed
22 with the modifications that have been
23 made.

24 I have a few questions about
25 some of the implementation and/or

1 waiver requests. It's based on, you
2 know -- as we've seen from the
3 comments, there are 167 shelters
4 operating, tier 2 shelters currently
5 operating in the city. And only 25
6 of them have licensed day care
7 facilities now, and 43 are the
8 unlicensed drop off centers. I think
9 that's the focus of this regulation,
10 those 43 unlicensed drop off centers.

11 So what we're now asking the
12 shelters to do is bring those
13 unlicensed drop off centers to the
14 same compliance as child care
15 facilities in general. Is that
16 correct?

17 MR. CRESCIULLO: As far as the
18 physical plant requirements, yes.

19 MS. REDLENER: So my concern is,
20 you know, how do we feel about the
21 ability of these 47 shelters to meet
22 these current requirements, and do
23 you think that by holding the
24 physical plant requirements so
25 strict, that many of these facilities

1 will have to close.

2 So I certainly am in support of
3 health and safety for the children
4 and want to endorse that concept, but
5 I'm just wondering if there's some
6 process for evaluating these on-site
7 shelter facilities with a bit of
8 grandfathering in or waiver
9 requirements around smaller
10 requirements, whether it's the number
11 of sinks or the number of bathrooms,
12 that kind of thing, because I'm just
13 concerned that many of these
14 facilities that are so helpful for
15 homeless families will not be able to
16 meet the physical plant requirements
17 and will be forced to close.

18 MR. CRESCIULLO: Sure. So at
19 the beginning of this process, we had
20 conducted what we call viability
21 inspections of all of these
22 facilities. So we do have somewhat
23 of a sense of the type of work that
24 needs to be done and the number of
25 sites that didn't have things like

1 secondary egress.

2 Process-wise, if this should all
3 be approved, it would go into effect
4 about 30 days from now. We will work
5 with all of these sites in doing
6 further assessment along with DHS and
7 ACS and Fire and Buildings to do a
8 complete assessment of the need and
9 the cost of coming up to code.

10 None will be considered sort of
11 operating illegally and shut down
12 immediately. We will only get to
13 that point if it's clear that it's so
14 costly that they couldn't possibly
15 comply with the code or because of
16 the configuration of building, they
17 can't come into compliance.

18 There is some room for waiving
19 minor stuff. But again, it's not
20 just a waiver that was issued by
21 Health. We have the fire department
22 requirements. We have building
23 department requirements.

24 I think most of these shelters
25 have a residential C of O that will

1 need to be converted to the C of O
2 for child care. We had prelim
3 discussions with building around
4 that. Once they have a better sense
5 of what the shelters look like, they
6 may come up with another solution.
7 We always found them to be
8 reasonable. The bottom line is if
9 it's unsafe for children, there's
10 only going to be so much we're going
11 to be able to sort of waive.

12 Also, none of the sites have to
13 be in compliance with any of the
14 regulations. They'll actually have a
15 permit in hand. So health will not
16 immediately just issue a permit. We
17 will be working with them during the
18 application process to come to
19 compliance with all of this.

20 Will some of them close? I
21 don't know. My guess is yes. We
22 found a very small number --

23 UNKNOWN SPEAKER: Well, there
24 are currently only 37 sites with drop
25 off services of the 43 sites that are

1 tier 2 certified or have a contract
2 with the Department of Homeless
3 Services.

4 I don't recall the actual figure
5 for the number of sites with no
6 secondary egress. We have the
7 assurances of the other agencies that
8 they are working with these programs
9 to come up to the prospective code
10 that they will have to comply with.

11 MS. REDLENER: Are there
12 additional funds for the shelters to
13 be able to use to meet these new
14 requirements if they want to?

15 MR. CRESCIULLO: Of course we
16 don't control the funding. But in
17 our meetings with DHS, we've been
18 told that, yes, additional funding
19 would be available.

20 MS. REDLENER: I do want to
21 clarify. The second means of egress
22 and the basic safety requirements of
23 course I understand.

24 I'm wondering, there are 40
25 pages of regulations relative to

1 child care facilities, and I'm just
2 wondering about the need to be in
3 compliance with every single one of
4 them. I would like to balance a
5 little bit the importance of having
6 these drop off facilities for
7 homeless families, if at all
8 possible.

9 SPEAKER: We can use universal
10 pre-K as sort of a model for how we
11 went about permitting. You know,
12 during UPK, it was an enormous
13 expansion. We had everyone in the
14 room. We had Fire in the room
15 ourselves, you know, DOE. And when
16 we needed to come up with created
17 solutions, we came up with creative
18 solutions.

19 So again, the bottom line,
20 health and safety. But if there's
21 something that we can be reasonable
22 on, I found the other agencies all to
23 sort of pull together and try to come
24 up with solutions.

25 COMMISSIONER BASSETT: Thank

1 you.

2 Did you have a comment or
3 question?

4 MS. KLITZMAN: Good morning. I
5 share my colleague's appreciation of
6 your willingness to listen to all the
7 comments and reflect on how we can
8 get to that sweet spot of meeting the
9 needs of children whose families are
10 homeless as well as complying with
11 health and safety regs.

12 I have two questions for you.
13 The first one, it has to do with the
14 qualifications of a child supervisor.
15 So under section 47.18 on page 13,
16 you say that in determining child
17 care liaison qualifications, the
18 department may accept documentation
19 from schools, colleges and
20 universities approved by the State
21 Education Department. But with
22 respect to the next session, a child
23 supervisor in a family shelter-based
24 drop off, the child supervision
25 program must have a minimum of an

1 associates degree in various fields
2 or a related degree that is approved
3 by the department, or a child
4 development associate certification.

5 So I'm putting my education hat
6 on here. And typically it is the
7 responsibility and the expertise of
8 the State Education Department to
9 evaluate and make a determination
10 about educational facilities. And
11 I'm just concerned as to whether it
12 would make more sense to extend that
13 to the child supervisor as well as
14 the child liaison.

15 Does the Department of Health
16 and mental hygiene really want to
17 take that responsibility on on
18 evaluating schools and universities,
19 or is that something better left to
20 the State Department of Education.

21 MR. CRESCIULLO: I think it is
22 better left to the State DOE. I
23 guess we will have to look at that
24 language.

25 Can we just replicate it for the

1 supervisor, Tom?

2 TOM: So if we make a change
3 today, it requires a unanimous vote.

4 MS. KLITZMAN: So I guess I
5 would propose, and please correct me
6 if this is not the correct format,
7 but I would like to propose a
8 friendly amendment to make that
9 provision consistent so that it is
10 the responsibility of the State
11 Department of Education to evaluate
12 the qualifications of the child
13 supervisor as well as the childcare
14 liaison.

15 COMMISSIONER BASSETT: We have a
16 motion. We have a second.

17 Do we have any discussion on the
18 motion?

19 FEMALE SPEAKER: My question is
20 the wording in subsection 3 that --
21 to which you refer seems to be
22 permissive rather than imperative.
23 It says the department may accept
24 documentation from schools, et cetera
25 et cetera, approved. It doesn't say

1 that the documentation that's
2 accepted must be approved by the
3 State DOE.

4 So I'm not questioning the
5 wording, but it doesn't seem to me
6 that it is assuring what you're
7 alluding to because it's simply that
8 you may accept that documentation, or
9 you may accept documentation that
10 they have not approved. That's the
11 way I'm reading the third paragraph,
12 the subparagraph.

13 Is that correct, Tom?

14 TOM: I'm not sure.

15 MR. CRESCIULLO: So we would not
16 accept the documentation that the DOE
17 has not approved. That's not
18 something we've ever done. I think
19 it's just a matter of cleaning up the
20 language.

21 COMMISSIONER BASSETT: I think I
22 need to ask for some guidance from
23 general counsel on this.

24 We want to do this in accordance
25 with our standard practice, and at

1 the moment, it doesn't look like we
2 have language that we're confident is
3 in accordance with that practice for
4 both roles. Is that the problem,
5 that it should apply to the child
6 supervisor role as well as the
7 liaison?

8 MS. KLITZMAN: Right. And my
9 point is it just seems like the
10 Department of Education is the agency
11 charged with that function, and to
12 put the Department of Health in the
13 role of evaluating educational
14 credentials doesn't seem appropriate
15 to me.

16 COMMISSIONER BASSETT: I mean we
17 have similar degrees, similar
18 educational requirements for the
19 child supervisor, for the family
20 shelter, drop off centers for other
21 childcare sites.

22 What language do we use there?

23 MR. CRESCIULLO: You know, I'm
24 going to have to take a look, but I
25 think it's similar to what we have in

1 the child supervisor language in some
2 spots. And then for the educational
3 director, I think it's consistent
4 with the liaison.

5 So we may have to just propose
6 another revision to clean that up.
7 We can do that at a later date,
8 unless you think we can do it today.

9 TOM: Again, if we make it now
10 and everybody approves it, we can
11 make the change today.

12 COMMISSIONER BASSETT: I don't
13 feel quite capable of doing the
14 drafting on the spot.

15 FEMALE SPEAKER: I'm worried
16 about us trying to come up with
17 language on the spot. I think the
18 clear intention of the Board, and I
19 don't know if we need to vote on the
20 amendment, is -- I think
21 Dr. Klitzman's point is well taken,
22 and that the same type of language
23 should be in both provisions, both
24 for the liaison and the child
25 supervisor, and that it should make

1 it clear that the Department of
2 Health and Mental Hygiene is going to
3 rely upon the expertise of the
4 Department of Education in
5 identifying appropriate educational
6 qualifications for these roles.

7 But I don't think we should be
8 the ones drafting the language to
9 assure that, you know, it's legally
10 sufficient, but I think that is our
11 intent. I don't want to hold up the
12 substantive issues that are before us
13 today, but it does seem as though
14 there might need to be someone look
15 at the entire section to make sure
16 all of the language meets this
17 intended suggestion from the Board.

18 COMMISSIONER BASSETT: Can I ask
19 our general counsel, is it sufficient
20 for the Board to vote on the intent
21 of the language, or do they need to
22 vote on the specific language?

23 TOM: The intent is the intent,
24 and I certainly think that if --
25 you're saying certainly in making

1 approval under here, they would
2 defer. That's right. You would. So
3 I think that that is the intent. The
4 intent here is not for the department
5 to substitute its judgment for the
6 professional qualifications of DOE.

7 That's absolutely right. That
8 will be the intent, and that will be
9 how this will be interpreted. We can
10 go forward on that.

11 COMMISSIONER BASSETT: Tom, the
12 intent of the rule is not barred by
13 the written language at the moment.

14 MS. BRIER: Does that mean that
15 in number 3 instead of saying may
16 accept, it would say must --

17 FEMALE SPEAKER: I don't think
18 we want to say it.

19 COMMISSIONER BASSETT: I think
20 that we're now really talking about
21 subsection B which doesn't contain a
22 reference to the State Education
23 Department.

24 The presumption here is that the
25 standard practice of the Health

1 Department in reviewing
2 documentation, educational and
3 accomplishment is to reference the
4 standards of the department, State
5 Department of Education. So the
6 question is does the current language
7 permit us to continue to meet that
8 practice and will the board be
9 satisfied with the presumption that
10 in assessing educational
11 qualifications, the department
12 references the standards used by the
13 Department of Education from the
14 State Department of Education.

15 FEMALE SPEAKER: So I think just
16 to step back for one second, that the
17 context is to try to create an
18 alignment across all of the
19 categories of child care for children
20 regardless of where they live.

21 So to the extent that the
22 language reflects existing -- you
23 know, language in the existing
24 regulation that could be checked.
25 But to me when I read it, the

1 difference in the positions is that
2 one has a CEA on top of an education,
3 a college or an associates degree,
4 and the other has to have a degree
5 from an accredited institution of
6 some sort.

7 I don't know what the code says
8 now, but this language of approved by
9 the department is the sticking point.
10 So all the rest of it is fine. It's
11 the issue about approved by the
12 department.

13 So if we can figure out whether
14 that is consistent with existing code
15 and the whole child care system is
16 based on the same language, that's
17 one thing. And the other is that if
18 it's just a boilerplate that we've
19 been using in all of our childcare
20 regulations, then that's something
21 else to think about, but it shouldn't
22 stop us from moving forward in my
23 opinion.

24 COMMISSIONER BASSETT:

25 Dr. Richardson and then I'm going to

1 turn to our general counsel to
2 resolve this matter.

3 DR. RICHARDSON: Just to raise a
4 slightly different issue, so again
5 looking at subsection B, it would
6 appear to say that either you have an
7 associates degree or a related degree
8 or a CEA certification. So if you
9 have the certification, you do not
10 need the degree.

11 And is this Child Development
12 Associate certification a specific
13 certification and by whom?

14 MALE SPEAKER: So CUNY, for
15 example, issues CDAs, and they're not
16 a replacement for a college degree,
17 per se. But the way in which it is
18 framed here, it can be in place of an
19 associate's degree.

20 So if it's accepted as a
21 credential, it's the same as the
22 associate's degree as described in
23 the qualifications.

24 COMMISSIONER BASSETT: Does the
25 State Department of Education

1 standards reference CDAs?

2 MALE SPEAKER: CDAs are
3 regulated. And CDAs -- there are
4 credit-bearing CDAs, for example,
5 that count towards a higher degree.

6 MS. BRIER: CDAs are used all
7 over the country as a certification
8 for early childhood expertise and
9 helps people with a regular teaching
10 degree or other degree to get the
11 expertise they need in early
12 childhood development and education.
13 So this is a legitimate thing, even
14 though we don't often talk about it.

15 COMMISSIONER BASSETT: I think
16 we may have talked our way around it
17 in a circle here. Let me see if I
18 can summarize it and see if there's
19 an agreement that the Section B, as
20 it stands now, is not harmed by the
21 lack of reference to the State
22 Education Department, that it stands
23 on its own as a credentialing
24 process, one that is recognized and
25 regulated by the State Education

1 Department.

2 So I think that we can assure
3 Dr. Klitzman that the department is
4 not the purveyor of standards, or the
5 CDA, or the associate's degree, and
6 that the section, as it stands, is
7 not harmed by the lack of reference,
8 and we can proceed with our
9 deliberations on the proposal.

10 Have I got that right?

11 TOM: I agree with that.

12 COMMISSIONER BASSETT: The
13 General Counsel agrees.

14 We have a motion on the floor,
15 so we need to figure out what to do
16 with it, unless it's withdrawn.

17 MS. KLITZMAN: I need another
18 minute to read it. I have to read
19 everything at least twice.

20 Again, I do want to not hold
21 this up. Can I just ask you, Tom, to
22 explain why you think it's not
23 necessary to modify this in order to
24 achieve the goal that we had all
25 agreed on here?

1 TOM: One, I don't think the
2 child supervisor is a profession per
3 se regulated by the state. I may be
4 wrong on that.

5 MS. KLITZMAN: No. It's the
6 degree.

7 TOM: Right. Absolutely the
8 degree. But then the department, in
9 terms of looking at what degree,
10 which is regulated by SDOE is
11 satisfied that a person in that title
12 should hold. It's not like we're
13 going to create a new associate.
14 We're going to look at the
15 associate's degrees and not
16 necessarily look at what, but then in
17 our experience, I can't think of
18 other degrees that might be
19 applicable, but there may be another
20 associate's degree that needs
21 experience. With SDEO, they don't
22 say we need that degree.

23 COMMISSIONER BASSETT: It's
24 really the job applications that are
25 being determined by the department

1 and not the integrity of the degree.

2 MS. KLITZMAN: I think I'm still
3 having trouble seeing why the part
4 that says or related degree that is
5 approved by the department should not
6 be left to the State Education
7 Department.

8 But I don't want to hold this
9 up. So I can withdraw my motion and,
10 you know, abstain.

11 TOM: The child supervisor was a
12 profession regulated by the state,
13 but it's not. So to answer the
14 question, we want somebody with an
15 associate's degree in that position,
16 and the associate's degrees are
17 defined by the state, the education
18 side.

19 It's not like we're going to
20 create a new degree. If that were
21 the case, we'll look at the degrees
22 available, and somebody will come
23 with a degree that's --

24 COMMISSIONER BASSETT: Yes.

25 MS. BRIER: I will try. So the

1 Health Department isn't going to
2 subordinate the state as the
3 certifying entity for what's a
4 degree, a college degree. The issue
5 is which degrees can apply in these
6 cases. So it's flexible language.

7 So, for example, if I had a
8 degree in culinary arts, I'm not
9 necessarily going to be able to work
10 in a child care program. If I have a
11 CDA or if I want to work in a
12 kitchen, yes, but I should not
13 necessarily be a supervisor.

14 So there has to be a certain
15 amount of discretion when the
16 department looks at the various -- at
17 the educational credentials of the
18 individual because it has bearing on
19 the work. So there's a relationship
20 between their educational credential
21 and the scope of work for which
22 they'll be responsible.

23 It's not a substitution for the
24 fact that they graduated and they are
25 licensed in their profession, but it

1 may not be a relevant germane degree
2 for this work. I don't know if I'm
3 helping or making it worse.

4 COMMISSIONER BASSETT: I think
5 that that was helpful. We're trying
6 to distinguish, I think, between
7 qualifications that fall within the
8 job description and qualifications
9 that are recognized as legitimate
10 markers of educational attainment,
11 the later being a responsibility of
12 the state.

13 MS. BRIER: I'll withdraw my
14 motion.

15 COMMISSIONER BASSETT: Thank
16 you.

17 Are there further discussions
18 about the proposed changes to this
19 ruling?

20 MS. BRIER: Yes, just one.

21 I think as we see the
22 significant shifts in early childhood
23 education and care in the city, and
24 we move towards a more coordinated
25 system, there are going to be a

1 number of things that are going to
2 surface that we haven't really
3 expected.

4 I think that the compromise that
5 you all have reached is a good one,
6 and it provides a lot of flexibility
7 at the point of which homeless
8 families are in most crisis. I also
9 want to just say for the record that
10 half of the shelter system does not
11 have on-site drop off care, and those
12 families are okay.

13 To the extent that we can then
14 regulate the services that are
15 provided on site, that's also very
16 important and very good. But I do
17 want to point out that not every
18 shelter has this capacity, so there
19 are accommodations that are made
20 throughout the system.

21 But just as an absolute sort of
22 standard point, we need to have one
23 unified childcare system, an early
24 education system in the city. To the
25 extent that we kept marching there

1 step by step, I think it's really
2 terrific and applaud all the work
3 even though it's very arcane.

4 So thank you for that.

5 MS. REDLENER: I have a comment.
6 I think I agree with the importance
7 of having consistent standards for
8 childcare, but I do also still want
9 to say that different circumstances
10 that families live in require
11 different kinds of support services
12 to make their lives work.

13 And I'm not sure that the
14 families that are in shelters without
15 drop in sites are okay. I'm not sure
16 that their lives work as well in
17 terms of getting themselves back to a
18 stable housing situation. The
19 average length of stay for families
20 is over a year in shelters. And
21 depending on the capacities of the
22 families and the support network in
23 the shelters, that experience can
24 be -- can vary widely.

25 So my certain is a little bit

1 about what happens to the 37 drop in
2 sites that are currently operational
3 and providing support to families.
4 Is there a way that the Board asks
5 for updates about the impact of a
6 particular regulation change?

7 COMMISSIONER BASSETT:
8 Absolutely.

9 MS. REDLENER: I would like to
10 ask for that.

11 COMMISSIONER BASSETT: We will
12 welcome that request.

13 MS. REDLENER: So at some point
14 three months from now, six months
15 from now, if we could have a report
16 on what the status was of those 37
17 sites or what the other shelters
18 decided to do.

19 COMMISSIONER BASSETT: Yes.
20 Duly noted that we will undertake to
21 report back to you.

22 Are there any further comments
23 or questions? I should just note
24 that the intention of the department
25 in addressing this issue was to both

1 meet the needs of families that are
2 in very difficult circumstances and
3 having a very difficult time in the
4 families' lives, and also ensure that
5 we don't use the difficulty of
6 families as an opening to justifying
7 a level of services that we wouldn't
8 want to see other children have.

9 So we sought to balance the
10 flexibility that families need as
11 they enter shelters. In the first 90
12 days they will have an uncapped
13 access to the child drop off sites
14 with the reality that this is not the
15 best level of child care that we want
16 to see for children in our shelters
17 or in our city.

18 So while being mindful of the
19 risk potentially to some of the
20 sites, we're also hopeful that this
21 exercise will encourage others to
22 apply for and obtain full Article 47
23 childcare status. And that may also,
24 I hope, be an outcome that we'll
25 report to you, Miss Redlener.

1 So with that final comment from
2 me and with thanks to Dr. Klitzman
3 for her careful reading of the rule
4 and that conversation, may I have a
5 motion from the committee to adopt.

6 MS. REDLENER: Motion.

7 MS. GILL: Second.

8 COMMISSIONER BASSETT: So moved
9 by Miss Redlender, seconded by
10 Miss Gill.

11 May I have a vote? All in
12 favor, please say aye.

13 ALL: Aye.

14 COMMISSIONER BASSETT: Are there
15 any abstentions? Any no votes?

16 The motion passes unanimously.

17 Thank you.

18 MR. CRESCIULLO: Thank you very
19 much, everyone.

20 COMMISSIONER BASSETT: And the
21 best of luck to you.

22 MR. CRESCIULLO: If I may, I'd
23 like to thank the Board for helping
24 us draft these regulations for all
25 these number of years. It's really

1 useful for at least the child care
2 program to get the feedback and have
3 you poke holes and question what
4 we're trying to do, regulation.

5 When you're in a room with your
6 staff developing this sort of stuff,
7 it all sounds good after a while, and
8 we think we're just doing this
9 terrific job. So having it vetted by
10 the Board is extremely, extremely
11 helpful. So thank you very much.

12 COMMISSIONER BASSETT: I really
13 do want to note that this is a
14 display of the Democratic process
15 offered by the Board of Health, the
16 fact that every proposal is presented
17 for public feedback and that we have
18 an astute and critical board that
19 also challenges us.

20 All right. With that we will
21 move on to the next item, which is
22 for -- consideration for approval for
23 publications. So this is moving on
24 from adoption to a review of
25 proposals.

1 This one is to amend Article 11,
2 reportable diseases and conditions,
3 and Article 13, laboratories of the
4 New York City Health Code.

5 Dr. Daskalakis, if you could
6 reintroduce yourself to the board.

7 DR. DEMETRE DASKALAKIS: Thank
8 you again. I'm Demetre Daskalakis,
9 the Deputy Commissioner for Disease
10 Control. Thank you for hearing me
11 again.

12 So as you've heard, this is a
13 proposal to amend Health Code
14 Articles 11 and 13 of disease
15 surveillance. To remind you, Article
16 11 regulates disease surveillance and
17 control activities including what
18 disease must be reported to the
19 Health Department. Article 13
20 regulates the manner in which lab
21 tests must be performed and also
22 reported to the health department.

23 There are two proposals within
24 this presentation. The proposal is
25 first amend Article 13 to require

laboratories to report all hepatitis B DNA tests, including negative results. As a frame of reference, this would mirror what happens to HIV and Hepatitis C where both negative and positive results are reported. Currently, only positive DNA results must be reported.

The second is to amend Article 11 to add Carbapenem-resistant Enterobacteriaceae (CRE) to a list of reportable diseases. This is only a laboratory report requirement.

So first let's talk about Hepatitis B DNA test reporting.

The number of Hepatitis B, HBV cases, is rising nationally and also in New York City. We have more than 100,000 New Yorkers who are estimated to be living with chronic Hepatitis B infection in the city. In 2016, almost 8,500 new cases were diagnosed. And again for frame of reference, that's about three times the number of new diagnoses of HIV.

1 That's an increase of 18.8% since
2 2013. Part of that is due to a
3 change in the definition of a case.

4 Chronic Hepatitis B can lead to
5 serious health issues. That includes
6 cirrhosis and liver cancer. It is an
7 oncogenic virus. All infected
8 individuals require care and
9 monitoring and some require
10 anti-viral medications.

11 Just to review Hepatitis B, the
12 progress of infection in some people,
13 so after an infection, people, about
14 90% of infants or 5% to 10% in adults
15 will progress to chronic infection
16 where they have ongoing viremia.
17 About 15 to 30% develop serious liver
18 disease, and 25 percent will go on to
19 cirrhosis. About 5 percent will move
20 on to liver cancer. Some
21 percentage -- like I said, many will
22 recover. Infants are not as lucky in
23 the perspective of a Hepatitis B
24 infection.

25 So Hepatitis B DNA testing is

1 performed on individuals who are
2 infected with HBV, which means they
3 have other serologic evidence of an
4 infection. That measures viral and
5 whether the patient has chronic or
6 active Hepatitis B infection.

7 For patients with chronic
8 Hepatitis B, DNA tests provide really
9 important information regarding
10 infectiousness, treatment eligibility
11 and risk for development of liver
12 cancer. If one were to look at
13 guidelines for treating Hepatitis B,
14 viral actually figures into the
15 calculus for every decision.

16 For patients being treated for
17 HBV, DNA tests are also important in
18 monitoring suppression. So again HBV
19 is not a curable, for the most part,
20 disease unless you use Interferon or
21 other oral drugs that are used, you
22 suppress the virus and monitor the
23 HBV virus to make sure that people
24 are being adequately treated or that
25 they're not developing resistance.

1 So the idea that we have is to
2 require reporting all HBV DNA test
3 results again to mirror some other
4 viral infections of public health
5 concern. HIV and Hepatitis C are the
6 examples. This will allow us to
7 create in effect a continue of care
8 that has really been from data in the
9 perspective of what's happening with
10 HBV.

11 It will allow us to estimate the
12 proportion of New Yorkers infected
13 with HBV who were appropriately
14 tested by also linked to care. By
15 allowing us to have a better view of
16 HBV throughout the city, it will
17 allow us to continue care with HIV
18 and Hep C to identify gaps in access
19 to care.

20 Additionally, we will be able to
21 better target interventions to
22 increase linkage to care and improve
23 provider knowledge of HBV testing and
24 treatment guidelines. Additionally,
25 increasing our ability to monitor the

1 details of Hepatitis B will allow us
2 to decrease Hepatitis B-related
3 morbidity and mortality.

4 Moving on to a completely
5 different organism,
6 Carbapenem-resistant -- or a group of
7 organisms, Carbapenem-resistant
8 Enterobacteriaceae Reporting or CRE.
9 CRE is a family of bacteria that are
10 difficult to treat because they have
11 high levels of resistance in many
12 antibiotics including Carbapenem
13 antibiotics such as Imipenem and
14 Meropenem.

15 Carbapenem antibiotics are
16 usually the last line of treatment
17 for infections caused by highly
18 resident bacteria. These infections,
19 CRE, are common in hospitals, nursing
20 homes and other health care settings.

21 CRE is an urgent threat, and the
22 CDC has designated CRE as an urgent
23 threat, the highest threat level in
24 its list of antibiotic-resistant
25 threats in the United States.

1 The emergence and dissemination
2 of Carbapenem-resistant among
3 Enterobacteriaceae in the U.S.
4 represents a serious threat to public
5 health. These organisms cause
6 infections that are associated with
7 high mortality rates and have a
8 potential to spread widely.

9 Decreasing the impact of these
10 organisms will require a coordinated
11 effort involving all stakeholders
12 including health care facilities and
13 providers, public health and
14 industry. So this is a quote
15 directly from the CDC document that
16 identifies this CRE as an urgent
17 threat.

18 So what do we know about CRE in
19 New York? In 2015, hospitals in New
20 York State reported about 3,600 cases
21 of CRE via the CDC's National
22 Healthcare Safety Network, or NHSN.
23 About 1,700 of these were reported by
24 the 51 participating New York City
25 facilities. It's important to note

1 that only hospitals submit CRE data
2 to this system. The number of CRE
3 infections in New York City is likely
4 significantly larger than what this
5 picture paints.

6 So the concept is that we
7 mandate reporting of CRE by
8 laboratories. This will be important
9 because it provides vital
10 epidemiological information regarding
11 the incidence and evolution of CRE.
12 It will help us identify new strains,
13 clusters and outbreaks of this
14 infection and enable the Health
15 Department to help ensure appropriate
16 infection control precautions, and it
17 is closely aligned with July the 27th
18 release of the Council of State
19 Territorial Epidemiologists
20 guidelines and say that we should be
21 doing surveillance of this organism.

22 That's the end of my
23 presentation. Thank you.

24 COMMISSIONER BASSETT: Thank
25 you. Open for questions.

1 Miss Brier.

2 MS. BRIER: So then hospitals
3 and nursing homes, health care
4 facilities, ambulatory ones that
5 happen to have labs will continue to
6 report, as they do now. And in
7 addition, proprietary -- I think
8 they're all proprietary labs that
9 have the -- that get something to
10 evaluate on behalf of another
11 institution will also report.

12 So presumably the regulations
13 will be clear enough that you won't
14 get duplicates as in the hospital
15 sends something to you, and they get
16 a result, and the lab that the
17 hospital sent it to. Right? So that
18 won't be an issue.

19 DR. DEMETRE DASKALAKIS: That's
20 correct. Mainly around the fact that
21 our surveillance system, our lab
22 reporting surveillance system, one of
23 its very significant features is
24 working on duplicating results in
25 individuals.

1 So this would be information
2 that we will get through that same
3 mechanism, through lab reporting.
4 And so it will go through a
5 duplicating process so we're not
6 getting repeats.

7 Generally I think people will be
8 sending -- if they have a contract
9 lab, they're going to send their labs
10 to contract labs. If they have an
11 in-house lab or a hospital lab they
12 use, it should still go to the same
13 one.

14 Thank you.

15 COMMISSIONER BASSETT: Any other
16 questions? Dr. Richardson.

17 DR. RICHARDSON: So first I want
18 to thank you for addressing CRE,
19 which I do think is really an
20 alarming and under-recognized threat.
21 And so I will call the department for
22 taking action on that.

23 I do have a question though
24 about the first item. What do we
25 know about the transmissibility of the

1 Hep B as a function viral load?

2 DEMETRE DASKALAKIS: So we --
3 there are data that higher viral
4 loads do transmit better. We don't
5 have that same threshold that we do
6 for HIV. So if you were to look at
7 the HIV literature, there's a number
8 of 1,500 copies per mill that is
9 associated as a threshold for where
10 it's very unlikely for transmission.

11 We don't know as much about
12 Hepatitis B. Also, the viral load
13 dynamics of Hepatitis B are
14 completely different than HIV. So
15 suppression of HIV will happen in 12
16 months. Sometimes HBV suppression
17 may take up to six. So it's a
18 different creature.

19 We do think that higher viral
20 loads -- there are data that higher
21 viral loads are associated with the
22 transmission. I just don't have a
23 floor to tell you where the cutoff is
24 with respect to the words less likely
25 to transmit.

1 DR. RICHARDSON: Okay. Thank
2 you. So it does make a lot of sense
3 to me that the reporting of negative
4 results would greatly enhance the
5 department's ability to do better
6 surveillance and provide more support
7 for treatment and monitoring. Thank
8 you.

9 MS. REDLENER: I have a
10 question. I'm not a physician. This
11 might be a simple question.

12 Just so I understand it, I know
13 earlier in the meeting we talked
14 about Hepatitis C and that there was
15 a test to determine the status. And
16 then there was a request to do the
17 DNA testing if it was positive at the
18 same time.

19 So is this a similar thing?
20 We're talking about testing people
21 for Hepatitis B and seeing that
22 they're positive. And only the ones
23 that are positive get the DNA
24 testing. So we're talking about DNA
25 reports that are positive or negative

1 for those who are positive with
2 Hepatitis B, not everybody who is
3 tested for Hepatitis B.

4 DR. DEMETRE DASKALAKIS: 100%
5 correct. So Hepatitis V serology is
6 a bit more nuance than Hepatitis C
7 serology. So for Hepatitis B you
8 will order usually a trio of three
9 tests, a Hepatitis B service
10 antibody, a core antibody and surface
11 antigen.

12 If someone is surface antibody
13 negative and the other two are
14 positive, that indicates that they
15 are likely chronically infected or
16 have an infection. And then the next
17 step in that would be a viral load or
18 a DNA test to see what their viremia
19 is like to allow you to make
20 decisions about therapy.

21 So there are, in effect, some
22 other steps. There's serological
23 that happened in the suite of testing
24 that happens with just pure serologic
25 testing. The Hepatitis B DNA would

1 be ordered. I could imagine
2 scenarios where this may be different
3 with individuals who demonstrated
4 evidence of serologic positivity.

5 One would imagine that it's
6 possible that someone may use it off
7 label to look for a very hyperacute
8 case of Hepatitis B. Usually they
9 would couple that with serologic
10 testing as well.

11 MS. REDLENER: Thank you.

12 COMMISSIONER BASSETT: Any other
13 questions or comments from the Board?

14 If not, I would like to ask for
15 a motion to move through this
16 publication.

17 MS. BRIER: Move for approval.

18 DR. RICHARDSON: Second.

19 COMMISSIONER BASSETT: Thank you
20 Miss Brier. Thank you
21 Dr. Richardson.

22 Everyone in favor please say
23 eye.

24 ALL: Aye.

25 COMMISSIONER BASSETT: I believe

1 that was unanimous.

2 Are there any abstentions or
3 nos? If not, I approve the
4 publication. Thank you, Doctor.

5 We ask for both positive and
6 negative test results in a way that
7 provides us with a denominator that
8 allows us to track a big portion of
9 tests.

10 We're now going to be changing
11 topics a bit and moving on to the --
12 this is the last item for today,
13 which is a proposed resolution to
14 amend Article 207, the vital
15 statistics provision.

16 We have a presentation, please,
17 Mr. Schwartz. You're known to the
18 Board, but I would appreciate it if
19 you introduced yourself for the
20 record.

21 MR. SCHWARTZ: Good morning. I
22 am Steven Schwartz, the New York City
23 registrar of Vital Statistics.

24 We are asking the Board to
25 consider a proposal to move records

1 to the municipal archives of the
2 Department of Records and Information
3 services, and a bit of background.

4 New York City Vital Records has
5 been in business a long time. One of
6 our first customers was Alexander
7 Hamilton, who unfortunately had a
8 duel in New Jersey, but took a ferry
9 to Bellevue and scummed in New York
10 City, so one of our first customers
11 in 1804. I started here shortly
12 thereafter.

13 We're talking about birth and
14 death records here. They are
15 confidential records under the health
16 code, and they record them very
17 carefully. They are active records.
18 From time to time we have transferred
19 records to municipal archives, but we
20 have not done so on a fixed schedule.

21 So what we're proposing to the
22 Board to consider is having a
23 schedule for a transfer of records
24 after they are nor longer at risk of
25 being exposed to essentially four

1 living people. That's what our
2 concern is.

3 So we are proposing to transfer
4 records of births that are more than
5 125 years old and death records more
6 than 75 years old. And we would be
7 looking for comments in particular on
8 the 75 year mark, specifically
9 inviting comments on the
10 appropriateness of this period of
11 time versus 50 years or other years.
12 We'll get into that in a moment.

13 So what are in these records and
14 why are we keeping them so closely
15 guarded? They are personally
16 identifiable information on both
17 births and deaths. They contained
18 detailed demographics such as full
19 names of registrants, mothers' and
20 fathers' names, race, ancestry,
21 education, dates of birth, addresses,
22 birthplaces, confidential medical
23 reports of birth and death including
24 terminations of pregnancy, including
25 abortions and miscarriages that would

1 be recorded on confidential medical
2 reports at birth, and cause and
3 manner of death.

4 So why are we proposing to do
5 this now? Right now we do not have a
6 schedule. We do not have a rule to
7 transfer the records. The Board of
8 Health has the authority to transfer
9 records and to set a schedule in it.

10 We are proposing to conform to
11 the state vital statistics law and to
12 ensure that no personally
13 identifiable information of a person
14 becomes public prior to his or her
15 death.

16 There's also a public interest
17 in these records. So one, this a
18 balance of keeping records private
19 and making them available at some
20 point when they would no longer cause
21 harm to the individuals. So for
22 example, amateur as well as
23 professional genealogists have
24 expressed an interest in accessing
25 these records.

1 There are risks of releasing
2 records if we do it too soon. So
3 most people are aware that there are
4 great risks for living people's
5 information getting out there all too
6 frequently. And we're also aware
7 that for over two and a half million
8 Americans over 65, there are a lot of
9 identity thefts.

10 Death certificates have
11 information on living people, and
12 birth certificates must be able to be
13 amended throughout a person's life.
14 The good news is that New Yorkers are
15 living longer. Half a million
16 New Yorkers are over the age of 75.
17 In 2015 there were 901 New Yorkers
18 who died between 100 and 114. And we
19 should point out that we are always
20 looking for volunteers to live longer
21 and healthier lives.

22 During the course of the use of
23 these records, they may need
24 amendments. So, for example, an
25 amendment is a correction to a

1 record, an amendment to a record.

2 People come to us to add information
3 so that they can become a dual
4 citizen in another country, say
5 Italy. We get that a lot. So there
6 is a need to have access to those
7 records.

8 Once our records are transferred
9 to archives, we do not control those
10 records, and they are not amendable.
11 So it's an important consideration.
12 We recently have somebody walk in, a
13 100 year old man, who did not have a
14 birth record, proved that he was who
15 he said he was, and we issued a
16 delayed registration of birth. We
17 made him happy.

18 And that's part of our business
19 in public health is the
20 responsibility of the retail side of
21 the business, the customer service
22 side of the business, as well as
23 collecting public health records.
24 So, for example, in the last --
25 roughly the last four years, we made

1 over a thousand amendments to records
2 of people 75 years or older.

3 Model state vital statics law
4 provides, last revised in 1992, to
5 ensure that no person's personal
6 identifiable information becomes
7 public prior to a person's death and
8 recommends that no birth record be
9 released until 125 years after birth,
10 and death records 75 years after
11 death.

12 So why the 75 years for death
13 records? Death records have data on
14 living people. For example, a
15 teenage mother on a death record can
16 still be alive 75 years after her
17 infant's death. That information is
18 on that death record. So infant
19 death records are less common now,
20 but in the 1950s there were 4,300
21 infant deaths each year.

22 So the department is very
23 interested in hearing comments on the
24 proposal about how long, especially
25 death records, should be maintained

1 privately, and balancing the privacy
2 and the disclosure is very important.

3 COMMISSIONER BASSETT: Thank
4 you. The proposal is now open for
5 questions and comments from the
6 Board.

7 Dr. Richardson, you can start
8 off.

9 DR. RICHARDSON: Thank you. It
10 is a pleasure to see you, as always.
11 Could you describe for us the
12 differences in the level of
13 confidentiality between records held
14 by the New York State Department of
15 Health and records in the
16 department -- what is it?

17 MS. REDLENER: The Department of
18 Records and Information Services.

19 DR. RICHARDSON: Department of
20 Records and Information Services just
21 so we can understand sort of the
22 level of access, disclosure,
23 confidentiality that we're talking
24 about.

25 MR. SCHWARTZ: I'm so glad you

1 asked.

2 So for birth records, the only
3 people who can get a New York City
4 birth record is the person named on
5 the record or the parents of that
6 person, of that registrant, and
7 that's it. Very restrictive.

8 Death records are more widely
9 available. So it is close family
10 members basically can get death
11 records under the health code. The
12 records that are transferred to
13 municipal archives, the Department of
14 Records and Information Services,
15 become public records. So they are
16 completely available. They are -- I
17 believe the Department of Records and
18 Information Services is working with
19 Ancestry.com to make them completely
20 available for a fee and searchable.

21 So it's completely open and any
22 records that we would transfer, we
23 would be transferring the complete
24 record of the birth or the death
25 certificate as well as the

1 confidential medical report of birth
2 and the confidential medical report
3 of death.

4 MS. REDLENER: I have a
5 question.

6 COMMISSIONER BASSETT: Dr. Gowda
7 is next, and then Miss Redlener.

8 DR. GOWDA: Thank you very much
9 for that presentation.

10 So I think the concern of death
11 records having other persons'
12 information on there being released
13 at a time when that person is still
14 alive I think is an important
15 concern.

16 Has there been a consideration
17 at all of having the release date be
18 contingent on the age of the deceased
19 when that person died so THAT someone
20 who did die as an infant might have a
21 longer period before that?

22 MR. SCHWARTZ: Well, we would
23 like comments, and we would accept
24 that there would be comments about
25 this proposal.

1 We're concerned because of the
2 risk of information on living people.
3 So how do we -- we don't know that.
4 People in New York City, we would
5 like them to stay, but they're
6 actually allowed to live anywhere and
7 die anywhere. So we don't
8 necessarily know if somebody has died
9 and when. So we're aware they died.

10 If we're trying to be most
11 protective of records of New York
12 City, people who were born or died in
13 New York City, we have to be very
14 mindful of what information we have
15 and how we can actually protect the
16 records other than picking a date
17 that would be protective enough
18 without compromising those people,
19 like genealogists and family members,
20 who would like to explore that
21 information. So it's a balance.

22 COMMISSIONER BASSETT: I think
23 what Dr. Gowda is getting at is, for
24 example, if somebody were age 50 when
25 they died, if the records were

1 released after 50 years, the
2 likelihood that anyone was who listed
3 on their death certificate would be
4 alive would be very, very low.

5 Whereas if they were age -- died
6 at birth, and 50 years later it's
7 much more likely that somebody listed
8 on that birth certificate would still
9 be alive.

10 So I think he's acknowledging
11 that there's a different likelihood
12 that people listed on the birth
13 certificate will still be living
14 depending on the age of death of the
15 decedent.

16 MR. SCHWARTZ: From a practical
17 standpoint, we can only transfer
18 records, all of the records say I've
19 been given here at one time, and not
20 start hunting through them.

21 So the logistics are tremendous.
22 So for us, all vital records offices
23 started out as bookbinding industries
24 and paper records, and the records --
25 so we have paper records, we have

1 paper index books, we have microfilm.
2 Our proposal would be to transfer,
3 for whatever year, all of those
4 records. Just from a logistics
5 standpoint and a practicality and a
6 cost standpoint, it would be most
7 efficient to transfer for a given
8 year at one time.

9 COMMISSIONER BASSETT: Thank
10 you. Miss Redlener. And were there
11 other hands up on this side of the
12 room?

13 MS. REDLENER: A very
14 interesting thought provoking
15 proposal. I have a couple of
16 questions.

17 One is could you just explain a
18 little bit more about the state model
19 standards right now? Is that
20 something that most states are
21 implementing relative to the transfer
22 of birth and death records?

23 MR. SCHWARTZ: The vital statics
24 and regulations was actually the
25 first model public health law in the

1 U.S., and I think it was 1905. And
2 so it's in its sixth revision now,
3 last revised in 2011. And it is not
4 a uniform law, it is a model, so it
5 is essentially proposed to states and
6 agreed upon in concert with the
7 National Center for Health Statistics
8 of CDC and the states.

9 So it's voted on that way, and
10 states are implementing it. Some
11 have implemented the 125 in '75, and
12 I think for many jurisdictions, they
13 haven't gotten around to it yet.

14 MS. REDLENER: Thank you.

15 Another question, I guess based
16 on your previous answers, probably
17 not likely, but if somebody wanted to
18 protect a birth or a death record in
19 their family from public information,
20 would that at all be possible whether
21 this is information that a family
22 hasn't disclosed before, if you're
23 talking about birth terminations, you
24 know, other amendments, whatever that
25 might be considered, you know,

1 more -- something that a family was
2 sensitive about, would there be any
3 way of requesting that they not be
4 made public?

5 MR. SCHWARTZ: To clarify, are
6 you asking beyond the 125 and 75 that
7 were said to be made never made
8 public?

9 MS. REDLENER: Yes.

10 MR. SCHWARTZ: I suppose there
11 could be a mechanism created for
12 that. We're always looking for work.

13 TOM: I think the current answer
14 is no.

15 COMMISSIONER BASSETT:
16 Miss Brier.

17 MS. BRIER: It is always nice to
18 see you, and you always have
19 interesting things to say. So I want
20 to make sure. I might have missed
21 it. If so, I apologize.

22 The department records and
23 information services, which is going
24 to receive this material, and it
25 becomes public, and in the process of

1 becoming public, someone realizes
2 that there's mistaken in information
3 there. So once it goes there, I
4 thought you said, I believe you said,
5 that's it, you may not amend it
6 further, if that's true.

7 And I suppose the possibility
8 exists that once it's public, someone
9 who didn't know who was that person
10 or that person's relative might
11 discover something that was not
12 accurate and it's sort of too bad;
13 right? That's the deal?

14 MR. SCHWARTZ: Our understanding
15 is that once it's transferred to
16 Doris, they are no longer our
17 records. They're the Department's
18 records. And the only entity that
19 has the authority to amend records or
20 correct records is the Department of
21 Health.

22 MS. BRIER: I got it. Thank
23 you.

24 COMMISSIONER BASSETT:
25 Dr. Klitzman.

1 MS. KLITZMAN: Good morning.
2 Nice to see you and thanks for
3 injecting some levity into what some
4 people might consider a rather dry
5 topic.

6 I will throw out my question
7 just to get a better understanding of
8 what's motivating this. To follow up
9 on Karen's question, do you know
10 specifically whether New York State
11 and our surrounding states, New
12 Jersey and Connecticut, have adopted
13 the model laws? That's one question.

14 MR. SCHWARTZ: So New York State
15 operates differently. So in New York
16 State they would -- they release
17 their birth records after 75 years if
18 you can prove someone is dead, like a
19 death certificate, and then the birth
20 record could be released.

21 And I believe New York State
22 releases death records after 50
23 years. We have been in discussion
24 with New York State, which has not
25 looked at its -- that section of

1 their public health law in quite a
2 while, so they are -- they're
3 contemplating going along with the
4 new model law of 125 and 75.

5 TOM: I want to jump in. One of
6 the reasons that this is being -- I
7 should put out is under the
8 administrative code, the process
9 historically has been that the
10 department could come to the board at
11 given times and just say release
12 these records and it's done in
13 batches. It was last done before
14 Steve was here, I think, in the
15 1980s.

16 Why we're doing it now is that
17 there is this interest on groups
18 getting records. I think we need a
19 rule from a -- just from a
20 prospective if we're going to say no
21 or yes to people's request for
22 records, it should be described. So
23 this should be codified and a rule
24 set for when we're going to make
25 these records public.

1 MS. KLITZMAN: Thank you. That
2 was one of my questions.

3 My other question was you
4 mentioned that you have books, and
5 you have paper records, and you have
6 microfiche, and you have electronic
7 records.

8 So is there a plan to move
9 everything -- the older records to
10 electronic, or would they be just
11 transferred in whatever form they're
12 in and that kind of relates to the
13 manpower question?

14 MR. SCHWARTZ: We expect it's
15 going to be a challenge any way we do
16 it. So it would be appropriate for
17 us to -- it's actually logistically
18 we have to move everything
19 essentially at one time.

20 For example, when we imaged all
21 of our -- I think in 2006 we imaged
22 all of our birth and death records,
23 about 13 million records. That's the
24 good news. The bad news is we only
25 did the front side, not the back

1 side.

2 So for somebody -- if we simply
3 transferred, which might be really
4 logistically easy by just
5 transferring the electronic records,
6 it would only be the face of it, not
7 the confidential medical report at
8 birth, which is on the back, which
9 would be of great interest to
10 historians. So it's a mixed media
11 challenge.

12 COMMISSIONER BASSETT: I am
13 going to give Dr. Richardson first,
14 and then Dr. Caro, and then I think
15 we should be close to wrapping up.

16 DR. RICHARDSON: So do you know,
17 are there any persons currently
18 living in New York City who are over
19 the age of 125?

20 MR. SCHWARTZ: We know of none.
21 We did have a woman die in Brooklyn
22 two years ago at age 116.

23 DR. RICHARDSON: Thank you. And
24 is it possible to search the fact of
25 a birth, not get access to the birth

1 certificate, but the fact of a birth
2 or a death in public records if
3 you're not directly related to
4 someone?

5 I'm trying to understand what
6 the sources are now that are open.
7 Or is the birth certificate really
8 the only source of the fact that
9 someone was born?

10 MR. SCHWARTZ: That's a great
11 question.

12 When we all started in the
13 business, everything was paper.
14 There was nothing called the
15 Internet. So now with the advent of
16 the Internet, there is access in many
17 ways, and many people will choose to
18 post their information maybe placing
19 themselves at some risk by doing
20 that, by putting birth information on
21 there, for example, or death
22 information, and how that might be
23 misused.

24 And there are -- there really
25 are risks, and there are also risks

1 of where we get complaints or read
2 about issues where someone will steal
3 an identity. Identity theft is
4 especially practical for stealing the
5 identity of younger -- people who
6 have died at a young age because that
7 has the greatest opportunity for
8 using that during a person's
9 lifetime.

10 In fact, we have a case that was
11 adjudicated in Federal Court that --
12 where we had to testify about
13 somebody who had stolen a New York
14 City birth certificate and used the
15 identity. So that's a real risk.

16 And anything we do may
17 contribute to the risk and the loss
18 of protection of a New York City born
19 or a New York City event.

20 COMMISSIONER BASSETT: That's a
21 standard made publicly and available
22 at some point?

23 MR. SCHWARTZ: Yes. So 1940
24 census data are available. A really
25 good question. The last time I

1 understand that the census evaluated
2 the benefits and risks of releasing
3 those data. The last time they did
4 that was in 1952. So they're really
5 on top of it.

6 COMMISSIONER BASSETT: Thank
7 you.

8 Dr. Caro and then Miss Gill.

9 DR. CARO: Just a brief
10 question.

11 Is any difference between dead
12 person is not claimed by any family
13 member or in this proposal, any
14 difference?

15 MR. SCHWARTZ: We have all of
16 the records. So for any death that
17 occurs, we have that record, and they
18 are all treated equally.

19 COMMISSIONER BASSETT: Thank
20 you. Miss Gill.

21 MS. GILL: How do we protect
22 these records within the age of the
23 Internet, and we just this week have
24 Equifax, and the challenge of many
25 citizens data? So how do we protect

1 this for anything that we are not
2 even aware that they can be useful.

3 But it's mind boggling to know
4 that people in the United States,
5 that they have gone, and we don't
6 know what they're going to use it
7 for.

8 MR. SCHWARTZ: We share that
9 concern, so we build electronic
10 systems that are very tightly
11 controlled within our own offices,
12 how we keep them, store them. We
13 also have to be very concerned about
14 how those original records are
15 generated because a birth record
16 endorsed by New York City creates a
17 U.S. citizen.

18 So we're really careful about
19 how we are using biometric devices,
20 and now we're going to facial
21 recognition for all of our providers
22 who are sending data to us. So we
23 are trying to keep as ahead of the
24 game as much as we can. And New York
25 City also works with all the states

1 to learn from each other to do the
2 best we can.

3 COMMISSIONER BASSETT: All
4 right. If there are no further
5 comments or questions, I would like
6 to thank the Board for a robust
7 discussion and ask for a motion to
8 approve for publication.

9 FEMALE SPEAKER: I move that we
10 approve.

11 DR. RICHARDSON: Approve.

12 COMMISSIONER BASSETT: May I
13 have all in favor say aye.

14 ALL: Aye.

15 COMMISSIONER BASSETT: It's
16 unanimous. Thank you. Approved for
17 publication.

18 All right, with that, I would
19 like to thank the Board for a very
20 packed meeting and a very rich
21 discussion and declare the meeting
22 adjourned.

23 (Time noted: 12:04 p.m.)
24
25

C E R T I F I C A T I O N

I, Terri Fudens, a stenotype reporter and
Notary Public within and for the State of New York
do hereby certify:

That the foregoing transcription is a true
record of my stenographic notes.

I further certify that I am not related to
any of the parties by blood or marriage and that I
am in no way interested in the outcome of this
matter.

IN WITNESS WHEREOF, I have hereunto set my
hand.



Terri Fudens

& 1:1 2:19 3:8	31:7 37:8	add 9:7 42:10 60:2	66:1 71:17,22 (9)	almost 42:22
'75 68:11	abstain 32:10	added 9:12	again 8:25 10:15 14:19 17:19 23:9 28:4 30:20 41:8,11 42:23 44:18 45:3 (12)	along 14:6 72:3
10% 43:14	abstentions 39:15 55:2	addition 7:19 8:17 49:7	age 9:17 59:16 64:18 65:24 66:5,14 74:19,22 76:6 77:22 (10)	also 6:5,10 8:23 9:13 10:1,20 15:12 35:8,15 36:8 38:4,20,23 40:19 41:21 42:17 44:17 45:14 49:11 51:12 58:16 59:6 75:25 78:13,25 (25)
100% 53:4	accept 18:18 20:23 21:8,9,16 25:16 64:23 (7)	additional 9:8 16:12,18	agencies 16:7 17:22	always 15:7 59:19 62:10 69:12,17,18 (6)
188% 43:1	accepted 21:2 28:20	additionally 45:20,24	agency 22:10	am 1:10 13:2 55:22 74:12 80:12,14 (6)
1950s 61:20	access 38:13 45:18 60:6 62:22 74:25 75:16 (6)	addresses 57:21	ago 74:22	amateur 58:22
1980s 72:15	accessing 58:24	adequately 44:24	agree 30:11 36:6	ambulatory 49:4
27th 48:17	accommodations 35:19	adjourned 79:22	agreed 30:25 68:6	amend 4:5 41:1,13,25 42:9 55:14 70:5,19 (8)
28th 1:42	accomplishment 26:3	adjudicated 76:11	agreement 29:19	amendable 60:10
30% 43:17	accordance 21:24 22:3	adjust 6:4 7:2	agrees 30:13	amended 59:13
5% 43:14	accredited 27:5	administration 2:11	ahead 78:23	amendment 5:1 20:8 23:20 59:25 60:1 (5)
90% 43:14	accurate 70:12	administrative 72:8	alarms 50:20	amendments 59:24 61:1 68:24
ability 6:3 12:21 45:25 52:5 (4)	achieve 30:24	adopt 39:5	alexander 56:6	americans 59:8
able 13:15 15:11 16:13 33:9 45:20 59:12 (6)	acknowledging 66:10	adopted 71:12	aligned 48:17	among 47:2
abortions 57:25	across 26:18	adoption 4:4 40:24	alignment 26:18	amount 33:15
about 8:24 11:14,24 12:20 14:4 17:2,11 19:10 23:16 25:20 27:11,21 29:14 34:18 37:1,5 42:14,24 43:13,17,19 47:18,20,23 50:24,25 51:11 52:14,20,24 53:20 56:13 61:24 62:24 64:24 67:18 68:23 69:2 73:23 76:2,12 78:13,18 (43)	acs 7:9 14:7	adults 43:14	alive 61:16 64:14 66:4,9 (4)	ancestry 57:20
absolute 35:21	action 50:22	advent 75:15	allow 10:1 45:6,11,17 46:1 53:19 (6)	ancestrycom 63:19
absolutely 25:7	active 44:6 56:17	advocacy 11:21	allowed 65:6	andor 11:25
	activities 41:17	advocates 5:8	allowing 45:15	
	actual 16:4	afford 6:8	allows 55:8	
	actually 15:14 44:14 65:6,15 67:24 73:17 (6)	after 40:7 43:13 56:24 61:9,10,16	alluding 21:7	

<p>another 15:6 23:6 30:17 31:19 49:10 60:4 68:15 (7)</p> <p>answer 32:13 69:13</p> <p>answers 68:16</p> <p>antibioticresistant 46:24</p> <p>antibiotics 46:12,13,15</p> <p>antibody 53:10,10,12</p> <p>antigen 53:11</p> <p>antiviral 43:10</p> <p>anyone 66:2</p> <p>anything 76:16 78:1</p> <p>anywhere 65:6,7</p> <p>apologize 69:21</p> <p>appear 8:8 28:6</p> <p>appearances 2:1 3:1</p> <p>applaud 36:2</p> <p>applicable 31:19</p> <p>application 15:18</p> <p>applications 31:24</p> <p>apply 22:5 33:5 38:22</p> <p>appreciate 55:18</p> <p>appreciation 18:5</p>	<p>appropriate 22:14 24:5 48:15 73:16 (4)</p> <p>appropriately 45:13</p> <p>appropriateness 57:10</p> <p>approval 4:25 25:1 40:22 54:17 (4)</p> <p>approve 8:1 55:3 79:8,10,11 (5)</p> <p>approved 14:3 18:20 19:2 20:25 21:2,10,17 27:8,11 32:5 79:16 (11)</p> <p>approves 23:10</p> <p>arcane 36:3</p> <p>archives 56:1,19 60:9 63:13 (4)</p> <p>around 9:14 13:9 15:3 29:16 49:20 68:13 (6)</p> <p>article 4:5 5:1 8:20 38:22 41:1,3,15,19,25 42:9 55:14 (11)</p> <p>articles 41:14</p> <p>arts 33:8</p> <p>ask 21:22 24:18 30:21 37:10 54:14 55:5 79:7 (7)</p> <p>asked 9:7 10:1,20 63:1 (4)</p> <p>asking 12:11 55:24 69:6</p> <p>asks 37:4</p>	<p>assess 8:14</p> <p>assessing 26:10</p> <p>assessment 7:24 14:6,8</p> <p>assist 9:2</p> <p>assistance 9:11</p> <p>assistant 4:19</p> <p>assisting 9:4</p> <p>associate 2:11,15 19:4 28:12 31:13 (5)</p> <p>associate's 28:19,22 30:5 31:15,20 32:15,16 (7)</p> <p>associated 47:6 51:9,21</p> <p>associates 19:1 27:3 28:7</p> <p>assurances 16:7</p> <p>assure 24:9 30:2</p> <p>assuring 21:6</p> <p>astute 40:18</p> <p>attainment 34:10</p> <p>august 8:10</p> <p>authority 58:8 70:19</p> <p>available 7:20,25 16:19 32:22 58:19 63:9,16,20 76:21,24 (10)</p> <p>average 36:19</p> <p>aware 59:3,6</p>	<p>65:9 78:2 (4)</p> <p>aye 39:12,13 54:24 79:13,14 (5)</p> <p>b 3:2,7 25:21 28:5 29:19 42:2,15,16,20 43:4,11,23,25 44:6,8,13 46:1 51:1,12,13 52:21 53:2,3,7,9,25 54:8 (27)</p> <p>ba 10:2,11</p> <p>back 26:16 36:17 37:21 73:25 74:8 (5)</p> <p>background 56:3</p> <p>bacteria 46:9,18</p> <p>bad 70:12 73:24</p> <p>balance 17:4 38:9 58:18 65:21 (4)</p> <p>balancing 62:1</p> <p>barred 25:12</p> <p>based 5:19 7:6 8:3 12:1 27:16 68:15 (6)</p> <p>basic 16:22</p> <p>basically 63:10</p> <p>basis 10:19</p> <p>bassett 2:3 4:1 11:9 17:25 20:15 21:21 22:16 23:12 24:18 25:11,19 27:24 28:24 29:15 30:12 31:23 32:24 34:4,15 37:7,11,19 39:8,14,20 40:12 48:24 50:15</p>	<p>54:12,19,25 62:3 64:6 65:22 67:9 69:15 70:24 74:12 76:20 77:6,19 79:3,12,15 (44)</p> <p>batches 72:13</p> <p>bathrooms 13:11</p> <p>bearing 33:18</p> <p>because 4:12 13:12 14:15 21:7 33:18 46:10 48:9 65:1 76:6 78:15 (10)</p> <p>become 60:3 63:15</p> <p>becomes 58:14 61:6 69:25</p> <p>becoming 70:1</p> <p>before 24:12 64:21 68:22 72:13 (4)</p> <p>beginning 13:19</p> <p>behalf 7:14 49:10</p> <p>being 4:14 31:25 34:11 38:18 44:16,24 56:25 64:12 72:6 (9)</p> <p>believe 54:25 63:17 70:4 71:21 (4)</p> <p>bellevue 56:9</p> <p>benefits 77:2</p> <p>best 38:15 39:21 79:2</p> <p>better 15:4 19:19,22 45:15,21 51:4 52:5 71:7 (8)</p>
--	---	---	---	--

<p>between 33:20 34:6 59:18 62:13 77:11 (5)</p> <p>beyond 69:6</p> <p>big 55:8</p> <p>biometric 78:19</p> <p>birth 56:13 57:21,23 58:2 59:12 60:14,16 61:8,9 63:2,4,24 64:1 66:6,8,12 67:22 68:18,23 71:17,19 73:22 74:8,25,25 75:1,7,20 76:14 78:15 (30)</p> <p>birthplaces 57:22</p> <p>births 57:4,17</p> <p>bit 13:7 17:5 36:25 53:6 55:11 56:3 67:18 (7)</p> <p>blood 80:13</p> <p>board 1:1 2:2,4,9 4:3,11 23:18 24:17,20 26:8 37:4 39:23 40:10,15,18 41:6 54:13 55:18,24 56:22 58:7 62:6 72:10 79:6,19 (25)</p> <p>board's 4:25</p> <p>boggling 78:3</p> <p>boilerplate 27:18</p> <p>bookbinding 66:23</p> <p>books 67:1 73:4</p> <p>born 65:12 75:9 76:18</p>	<p>both 10:10 22:4 23:23,23 37:25 42:5 55:5 57:16 (8)</p> <p>bottom 15:8 17:19</p> <p>brelated 46:2</p> <p>brief 77:9</p> <p>brier 2:5 25:14 29:6 32:25 34:13,20 49:1,2 54:17,20 69:16,17 70:22 (13)</p> <p>bring 12:12</p> <p>brooklyn 74:21</p> <p>bs 10:3</p> <p>build 78:9</p> <p>building 11:3 14:16,22 15:3 (4)</p> <p>buildings 14:7</p> <p>bureau 4:20</p> <p>business 56:5 60:18,21,22 75:13 (5)</p> <p>c 14:25 15:1 42:5 45:5,18 52:14 53:6 80:3,3 (9)</p> <p>calculus 44:15</p> <p>call 13:20 50:21</p> <p>called 75:14</p> <p>came 17:17</p> <p>can 5:24 7:22,23 10:15 17:9,21 18:7 19:25 23:7,8,10 24:18</p>	<p>25:9 27:13 28:18 29:18 30:2,8,21 32:9 33:5 35:13 36:23,24 43:4 60:3 61:15 62:7,21 63:3,10 65:15 66:17 71:18 78:2,24 79:2 (37)</p> <p>can't 14:17 31:17</p> <p>cancer 43:6,20 44:12</p> <p>cannot 6:8</p> <p>cap 7:17 8:15,22</p> <p>capable 23:13</p> <p>capacities 36:21</p> <p>capacity 6:11 7:21,25 8:9 35:18 (5)</p> <p>carbapenem 46:12,15</p> <p>carbapenemresist ant 42:10 46:6,7 47:2 (4)</p> <p>care 4:6,20 5:2,11,23 6:5,9,21 7:3,12,20 9:3,20 10:4,8,9 12:6,14 15:2 17:1 18:17 26:19 27:15 33:10 34:23 35:11 38:15 40:1 43:8 45:7,14,17,19,22 46:20 47:12 49:3 (37)</p> <p>careful 39:3 78:18</p> <p>carefully 56:17</p> <p>caro 2:8 74:14 77:8,9 (4)</p>	<p>case 32:21 43:3 54:8 76:10 (4)</p> <p>casebycase 10:19</p> <p>cases 33:6 42:17,22 47:20 (4)</p> <p>categories 26:19</p> <p>cause 47:5 58:2,20</p> <p>caused 46:17</p> <p>cda 30:5 33:11</p> <p>cdas 28:15 29:1,2,3,4,6 (6)</p> <p>cdc 46:22 47:15 68:8</p> <p>cdc's 47:21</p> <p>cea 27:2 28:8</p> <p>census 76:24 77:1</p> <p>center 1:1 2:7 6:13 68:7 (4)</p> <p>centers 12:8,10,13 22:20 (4)</p> <p>ceo 2:6 3:5</p> <p>certain 33:14 36:25</p> <p>certainly 13:2 24:24,25</p> <p>certificate 63:25 66:3,8,13 71:19 75:1,7 76:14 (8)</p> <p>certificates 59:10,12</p> <p>certification 19:4</p>	<p>28:8,9,12,13 29:7 (6)</p> <p>certified 16:1</p> <p>certify 80:9,12</p> <p>certifying 33:3</p> <p>cetera 20:24,25</p> <p>chair 2:4,18</p> <p>challenge 73:15 74:11 77:24</p> <p>challenges 40:19</p> <p>change 10:24 20:2 23:11 37:6 43:3 (5)</p> <p>changed 10:4</p> <p>changes 5:19 34:18</p> <p>changing 55:10</p> <p>charged 22:11</p> <p>checked 26:24</p> <p>child 4:6,20 5:2,23 6:4 7:5,12,20 9:3,20 10:3 12:14 15:2 17:1 18:14,16,22,24 19:3,13,14 20:12 22:5,19 23:1,24 26:19 27:15 28:11 31:2 32:11 33:10 38:13,15 40:1 (35)</p> <p>childcare 5:15 6:7 8:20 9:18 20:13 22:21 27:19 35:23 36:8 38:23 (10)</p> <p>childhood 4:22 6:21 29:8,12</p>
---	--	--	--	---

34:22 (5)	clinical 2:14,15	22:16 23:12 24:18 25:11,19 27:24 28:24 29:15 30:12 31:23 32:24 34:4,15 37:7,11,19 39:8,14,20 40:12 41:9 48:24 50:15 54:12,19,25 62:3 64:6 65:22 67:9 69:15 70:24 74:12 76:20 77:6,19 79:3,12,15 (46)	concerned 11:14 13:13 19:11 65:1 78:13 (5) concert 68:6 conditions 41:2 conducted 7:7 13:20 confident 22:2 confidential 56:15 57:22 58:1 64:1,2 74:7 (6) confidentiality 62:13,23 configuration 14:16 conform 58:10 connecticut 71:12 consider 10:17 11:18 55:25 56:22 71:4 (5) consideration 4:4 40:22 60:11 64:16 (4) considered 14:10 68:25 consistent 20:9 23:3 27:14 36:7 (4) constraints 6:1 consulting 3:3 contain 25:21 contained 57:17 contemplating 72:3	context 26:17 contingent 64:18 continue 26:7 45:7,17 49:5 (4) continued 3:1 contract 16:1 50:8,10 contracting 10:7 contribute 76:17 control 16:16 41:10,17 48:16 60:9 (5) controlled 78:11 conversation 39:4 converted 15:1 coordinated 34:24 47:10 coordinators 10:10 copies 51:8 core 53:10 correct 12:16 20:5,6 21:13 49:20 53:5 70:20 (7) correction 59:25 cost 14:9 67:6 costly 14:14 could 7:12 8:21 26:24 37:15 41:5 54:1 62:11 67:17 69:11 71:20 72:10 (11)
children 6:5 7:3 9:16,19 11:1 13:3 15:9 18:9 26:19 38:8,16 (11)	close 13:1,17 15:20 63:9 74:15 (5) closely 48:17 57:14 clusters 48:13 code 7:15 10:16,23 11:2,3,4 14:9,15 16:9 27:7,14 41:4,13 56:16 63:11 72:8 (16) codified 72:23 colleague's 18:5 collecting 60:23 college 2:16 27:3 28:16 33:4 (4) colleges 18:19 columbia 2:16 come 14:17 15:6,18 16:9 17:16,23 23:16 32:22 60:2 72:10 (10) coming 14:9 comment 5:6,20 6:17 18:2 36:5 39:1 (6) comments 5:7,25 8:24 9:6 11:11,19 12:3 18:7 37:22 54:13 57:7,9 61:23 62:5 64:23,24 79:5 (17) commissioner 2:4 4:1,19 11:9 17:25 20:15 21:21	committee 9:9 39:5 common 46:19 61:19 communilife 3:5 community 3:8 complaints 76:1 complete 14:8 63:23 completely 46:4 51:14 63:16,19,21 (5) compliance 12:14 14:17 15:13,19 17:3 (5) comply 14:15 16:10 complying 18:10 compromise 35:4 compromising 65:18 concept 13:4 48:6 concern 12:19 45:5 57:2 64:10,15 78:9 (6)	concerned 11:14 13:13 19:11 65:1 78:13 (5) concert 68:6 conditions 41:2 conducted 7:7 13:20 confident 22:2 confidential 56:15 57:22 58:1 64:1,2 74:7 (6) confidentiality 62:13,23 configuration 14:16 conform 58:10 connecticut 71:12 consider 10:17 11:18 55:25 56:22 71:4 (5) consideration 4:4 40:22 60:11 64:16 (4) considered 14:10 68:25 consistent 20:9 23:3 27:14 36:7 (4) constraints 6:1 consulting 3:3 contain 25:21 contained 57:17 contemplating 72:3	context 26:17 contingent 64:18 continue 26:7 45:7,17 49:5 (4) continued 3:1 contract 16:1 50:8,10 contracting 10:7 contribute 76:17 control 16:16 41:10,17 48:16 60:9 (5) controlled 78:11 conversation 39:4 converted 15:1 coordinated 34:24 47:10 coordinators 10:10 copies 51:8 core 53:10 correct 12:16 20:5,6 21:13 49:20 53:5 70:20 (7) correction 59:25 cost 14:9 67:6 costly 14:14 could 7:12 8:21 26:24 37:15 41:5 54:1 62:11 67:17 69:11 71:20 72:10 (11)

couldn't 14:14	cresciullo 4:16,19,24 12:17 13:18 16:15 19:21 21:15 22:23 39:18,22 (11)	dead 71:18 77:11	degrees 10:12 22:17 31:15,18 32:16,21 33:5 (7)	describe 62:11
council 48:18	cresciullo's 4:9	deal 70:13	delayed 60:16	described 28:22 72:22
counsel 21:23 24:19 28:1 30:13 (4)	crisis 35:8	dean 2:11	deliberations 30:9	description 34:8
count 29:5	critical 40:18	death 56:14 57:5,23 58:3,15 59:10 61:7,10,11,1 2,13,15,17,18,19,2 5 63:8,10,24 64:3,10 66:3,14 67:22 68:18 71:19,22 73:22 75:2,21 77:16 (31)	demand 9:22	designated 46:22
country 29:7 60:4	culinary 33:8		demetre 41:7,8 49:19 51:2 53:4 (5)	detailed 57:18
couple 54:9 67:15	cumc 2:16		democratic 40:14	details 46:1
course 6:8 16:15,23 59:22 (4)	cuny 2:12 28:14	deaths 57:17 61:21	demographics 57:18	determination 19:9
court 76:11	curable 44:19	deceased 64:18	demonstrated 54:3	determine 52:15
cph 2:10	current 12:22 26:6 69:13	decendent 66:15	denominator 55:7	determined 31:25
cre 42:11 46:8,9,19,21,22 47:16,18,21 48:1,2,7,11 50:18 (14)	currently 12:4 15:24 37:2 42:7 74:17 (5)	decided 37:18	department 1:1 2:4 4:13 7:16 10:17 11:17 14:21,23 16:2 18:18,21 19:3,8,15,20 20:11,23 22:10,12 24:1,4 25:4,23 26:1,4,5,11,13,14 27:9,12 28:25 29:22 30:1,3 31:8,25 32:5,7 33:1,16 37:24 41:19,22 48:15 50:21 56:2 61:22 62:14,16,17,19 63:13,17 69:22 70:20 72:10 (57)	determining 18:16
create 26:17 31:13 32:20 45:7 (4)	customer 60:21	decision 44:15		develop 43:17
created 17:16 69:11	customers 56:6,10	decisions 53:20		developing 40:6 44:25
creates 78:16	cutoff 51:23	declare 79:21		development 4:23 19:4 28:11 29:12 44:11 (5)
creative 17:17	daskalakis 41:5,7,8 49:19 51:2 53:4 (6)	decrease 46:2		devices 78:19
creature 51:18	data 7:8 8:3,13 45:8 48:1 51:3,20 61:13 76:24 77:3,25 78:22 (12)	decreasing 47:9		dhs 10:7 14:6 16:17
credential 28:21 33:20	date 23:7 64:17 65:16	deemed 6:6		diagnosed 42:23
credentialing 29:23	dates 57:21	deepthiman 2:13		diagnoses 42:25
credentials 22:14 33:17	day 12:6	defer 25:2		didn't 13:25 70:9
creditbearing 29:4	days 6:25 14:4 38:12	defined 32:17		die 64:20 65:7 74:21
		definition 43:3		died 59:18 64:19 65:8,9,12,25 66:5 76:6 (8)
		degree 10:3,3 19:1,2 27:3,4 28:7,7,10,16,19,22 29:5,10,10 30:5 31:6,8,9,20,22 32:1,4,15,20,23 33:4,4,8 34:1 (30)	department's 52:5 70:17	difference 27:1 77:11,14
		depending 36:21 66:14	deputy 41:9	

<p>differences 62:12</p> <p>different 28:4 36:9,11 46:5 51:14,18 54:2 66:11 (8)</p> <p>differently 71:15</p> <p>difficult 38:2,3 46:10</p> <p>difficulty 38:5</p> <p>digit 3:3</p> <p>directly 10:25 47:15 75:3</p> <p>director 2:14,15 3:8 23:3 (4)</p> <p>disclosed 68:22</p> <p>disclosure 62:2,22</p> <p>discover 70:11</p> <p>discretion 33:15</p> <p>discussed 11:15</p> <p>discussion 20:17 71:23 79:7,21 (4)</p> <p>discussions 15:3 34:17</p> <p>disease 41:9,14,16,18 43:18 44:20 (6)</p> <p>diseases 41:2 42:12</p> <p>display 40:14</p> <p>dissemination 47:1</p> <p>distinguish 34:6</p>	<p>dna 42:2,7,15 43:25 44:8,17 45:2 52:17,23,24 53:18,25 (12)</p> <p>doctor 55:4</p> <p>document 47:15</p> <p>documentation 18:18 20:24 21:1,8,9,16 26:2 (7)</p> <p>doe 17:15 19:22 21:3,16 25:6 (5)</p> <p>does 7:19 10:7,13 19:15 24:13 25:14 26:6 28:24 35:10 52:2 (10)</p> <p>doesn't 7:11 20:25 21:5 22:1,14 25:21 (6)</p> <p>doing 14:5 23:13 40:8 48:21 72:16 75:19 (6)</p> <p>done 7:22 8:8,10 11:18 13:24 21:18 56:20 72:12,13 (9)</p> <p>doris 70:16</p> <p>down 14:11</p> <p>dr 23:21 27:25 28:3 30:3 39:2 41:5,7 49:19 50:16,17 52:1 53:4 54:18,21 62:7,9,19 64:6,8 65:23 70:25 74:13,14,16,23 77:8,9 79:11 (28)</p> <p>draft 39:24</p> <p>drafting 23:14 24:8</p>	<p>drop 5:2,10,14,22 6:15,24 12:8,10,13 15:24 17:6 18:24 22:20 35:11 36:15 37:1 38:13 (17)</p> <p>drph 2:10</p> <p>drugs 44:21</p> <p>dry 71:4</p> <p>dsw 3:4</p> <p>dual 60:3</p> <p>due 43:2</p> <p>duel 56:8</p> <p>duly 37:20</p> <p>duplicates 49:14</p> <p>duplicating 49:24 50:5</p> <p>during 15:17 17:12 59:22 76:8 (4)</p> <p>dynamics 51:13</p> <p>each 7:4 61:21 79:1</p> <p>earlier 52:13</p> <p>early 4:22 8:5 10:8 29:8,11 34:22 35:23 (7)</p> <p>easy 74:4</p> <p>education 9:10 10:8 18:21 19:5,8,20 20:11 22:10 24:4 25:22 26:5,13,14 27:2 28:25 29:12,22,25 32:6,17 34:23 35:24 57:21 (23)</p>	<p>educational 9:11 19:10 22:13,18 23:2 24:5 26:2,10 33:17,20 34:10 (11)</p> <p>effect 14:3 45:7 53:21</p> <p>efficient 67:7</p> <p>effort 47:11</p> <p>egress 14:1 16:6,21</p> <p>either 28:6</p> <p>electronic 73:6,10 74:5 78:9 (4)</p> <p>eligibility 44:10</p> <p>else 27:21</p> <p>emergence 47:1</p> <p>emergency 2:18</p> <p>enable 48:14</p> <p>encourage 38:21</p> <p>end 48:22</p> <p>endorse 13:4</p> <p>endorsed 78:16</p> <p>enhance 52:4</p> <p>enormous 17:12</p> <p>enough 49:13 65:17</p> <p>enrolled 9:20</p> <p>enrollment 8:11</p> <p>ensure 38:4 48:15 58:12 61:5</p>	<p>(4)</p> <p>enter 38:11</p> <p>entering 6:1 9:15</p> <p>enterobacteriaceae 42:11 46:8 47:3</p> <p>enters 7:1 9:24</p> <p>entire 24:15</p> <p>entity 33:3 70:18</p> <p>environment 6:2,18</p> <p>environmental 2:12</p> <p>epidemiological 48:10</p> <p>epidemiologists 48:19</p> <p>equally 77:18</p> <p>equifax 77:24</p> <p>especially 61:24 76:4</p> <p>essentially 56:25 68:5 73:19</p> <p>establish 7:15</p> <p>estimate 45:11</p> <p>estimated 42:19</p> <p>et 20:24,25</p> <p>evaluate 19:9 20:11 49:10</p> <p>evaluated 77:1</p> <p>evaluating 13:6 19:18 22:13</p>
---	--	---	---	--

even 29:13 36:3 78:2	expertise 19:7 24:3 29:8,11 (4)	families' 38:4	first 6:25 11:12 18:13 38:11 41:25 42:14 50:17,24 56:6,10 67:25 74:13 (12)	full 38:22 57:18
event 76:19	explain 30:22 67:17	family 5:3 7:1,1,10,18 9:24 18:23 22:19 46:9 63:9 65:19 68:19,21 69:1 77:12 (15)	flexibility 35:6 38:10	fulltime 6:8
ever 21:18	explore 65:20	far 12:17	fixed 56:20	function 22:11 51:1
every 17:3 35:17 40:16 44:15 (4)	exposed 56:25	fathers' 57:20	flexible 33:6	fund 3:8
everybody 9:22 23:10 53:2	expressed 58:24	favor 39:12 54:22 79:13	floor 1:3 30:14 51:23	funding 16:16,18
everyone 17:13 39:19 54:22	extend 19:12	features 49:23	focus 12:9	funds 16:12
everything 30:19 73:9,18 75:13 (4)	extended 6:15	federal 76:11	follow 71:8	further 14:6 34:17 37:22 70:6 79:4 80:12 (6)
evidence 44:3 54:4	extent 26:21 35:13,25	fee 63:20	forced 13:17	gail 3:2
evolution 48:11	extremely 40:10,10	feedback 40:2,17	foregoing 80:10	game 78:24
exactly 9:23	eye 54:23	feel 12:20 23:13	form 73:11	gaps 45:18
example 28:15 29:4 33:7 58:22 59:24 60:24 61:14 65:24 73:20 75:21 (10)	face 74:6	female 20:19 23:15 25:17 26:15 79:9 (5)	format 20:6	genealogists 58:23 65:19
examples 45:6	facep 2:17	ferry 56:8	former 2:6	general 5:9 12:15 21:23 24:19 28:1 30:13 (6)
executive 3:8	facial 78:20	few 11:24	forward 25:10 27:22	generally 50:7
exercise 38:21	facilities 5:17 9:19,21 11:20 12:7,15,25 13:7,14,22 17:1,6 19:10 47:12,25 49:4 (16)	fields 19:1	found 15:7,22 17:22	generated 78:15
existing 10:21 26:22,23 27:14 (4)	facility 10:13	figure 16:4 27:13 30:15	foundations 2:14	germane 34:1
exists 70:8	fact 6:14 9:7,12 33:24 40:16 49:20 74:24 75:1,8 76:10 (10)	figures 44:14	four 56:25 60:25	get 14:12 18:8 29:10 40:2 49:9,14,15 50:2 52:23 57:12 60:5 63:3,10 71:7 74:25 76:1 (16)
expansion 17:13	fall 34:7	final 4:9 39:1	frame 42:3,23	getting 36:17 50:6 59:5 65:23 72:18 (5)
expect 73:14	families 6:2,6,15,19 9:2,15 13:15 17:7 18:9 35:8,12 36:10,14,19,22 37:3 38:1,6,10 (19)	find 6:4 7:3	framed 28:18	gil 3:4
expected 35:3		finding 9:3	frank 4:18	gill 39:7,10 77:8,20,21 (5)
experience 10:2,15 31:17,21 36:23 (5)		fine 27:10	frequently 59:6	give 9:21 74:13
		finish 4:15	friendly 20:8	
		fire 11:3 14:7,21 17:14 (4)	front 73:25	
			fudens 80:7	

<p>given 66:19 67:7 72:11</p> <p>giving 7:2</p> <p>glad 62:25</p> <p>go 14:3 25:10 43:18 50:4,12 (5)</p> <p>goal 30:24</p> <p>goes 70:3</p> <p>going 9:13 15:10,10 22:24 24:2 27:25 31:13,14 32:19 33:1,9 34:25 35:1 50:9 55:10 69:23 72:3,20,24 73:15 74:13 78:6,20 (23)</p> <p>gone 78:5</p> <p>good 4:18 9:22 18:4 35:5,16 40:7 55:21 59:14 71:1 73:24 76:25 (11)</p> <p>got 30:10 70:22</p> <p>gotham 1:1</p> <p>gotten 68:13</p> <p>government 4:13</p> <p>gowda 2:13 64:6,8 65:23 (4)</p> <p>graduated 33:24</p> <p>grandfather 10:21</p> <p>grandfathering 13:8</p> <p>great 59:4 74:9 75:10</p> <p>greatest 76:7</p>	<p>greatly 52:4</p> <p>group 46:6</p> <p>groups 11:21 72:17</p> <p>guarded 57:15</p> <p>guess 15:21 19:23 20:4 68:15 (4)</p> <p>guidance 21:22</p> <p>guidelines 44:13 45:24 48:20</p> <p>half 7:21 8:5 35:10 59:7,15 (5)</p> <p>hamilton 56:7</p> <p>hand 15:15 80:17</p> <p>hands 67:11</p> <p>happen 49:5 51:15</p> <p>happened 6:16 53:23</p> <p>happening 9:24 45:9</p> <p>happens 37:1 42:4 53:24</p> <p>happy 11:7 60:17</p> <p>harm 58:21</p> <p>harmed 29:20 30:7</p> <p>has 11:18 18:13 21:17 27:2,4 33:14,18 35:18 44:5 45:8 46:22 56:4 58:8 64:16 65:8 70:19 71:24 72:9 76:7 (19)</p>	<p>hasn't 68:22</p> <p>haven't 10:4 35:2 68:13</p> <p>having 17:5 32:3 36:7 38:3 40:9 56:22 64:11,17 (8)</p> <p>hbv 42:16 44:2,17,18,23 45:2,10,13,16,23 51:16 (11)</p> <p>he's 4:10 66:10</p> <p>health 1:1,1 2:2,4,4,9,12,12,19 3:8,8 4:11,12 10:23 11:1,2,18 13:3 14:21 15:15 17:20 18:11 19:15 22:12 24:2 25:25 33:1 40:15 41:4,13,19,22 43:5 45:4 46:20 47:5,12,13 48:14 49:3 56:15 58:8 60:19,23 62:15 63:11 67:25 68:7 70:21 72:1 (50)</p> <p>healthcare 47:22</p> <p>healthier 59:21</p> <p>heard 41:12</p> <p>hearing 41:10 61:23</p> <p>held 62:13</p> <p>help 48:12,15</p> <p>helpful 13:14 34:5 40:11</p> <p>helping 34:3 39:23</p> <p>helps 29:9</p>	<p>hep 45:18 51:1</p> <p>hepatitis 42:1,5,15,16,20 43:4,11,23,25 44:6,8,13 45:5 46:1,2 51:12,13 52:14,21 53:2,3,5,6,7,9,25 54:8 (27)</p> <p>her 39:3 58:14 61:16</p> <p>hereby 80:9</p> <p>hereunto 80:16</p> <p>high 8:18 10:13 46:11 47:7 (4)</p> <p>higher 29:5 51:3,19,20 (4)</p> <p>highest 46:23</p> <p>highly 46:17</p> <p>him 60:17</p> <p>historians 74:10</p> <p>historically 72:9</p> <p>hiv 42:4,25 45:5,17 51:6,7,14,15 (8)</p> <p>hold 24:11 30:20 31:12 32:8 (4)</p> <p>holding 12:23</p> <p>holes 40:3</p> <p>home 5:2,3</p> <p>homeless 5:7 11:20 13:15 16:2 17:7 18:10 35:7 (7)</p> <p>homes 46:20 49:3</p>	<p>hope 4:15,16 38:24</p> <p>hopeful 38:20</p> <p>hospital 49:14,17 50:11</p> <p>hospitals 46:19 47:19 48:1 49:2 (4)</p> <p>hours 5:23 6:16 7:4</p> <p>housing 36:18</p> <p>how 12:20 17:10 18:7 25:9 61:24 65:3,15 75:22 77:21,25 78:12,14,19 (13)</p> <p>hunting 66:20</p> <p>hygiene 1:1 2:4 19:16 24:2 (4)</p> <p>hyperacute 54:7</p> <p>i'd 39:22</p> <p>i'll 34:13</p> <p>i'm 4:18,21 11:7,21 13:5,12 16:24 17:1 19:5,11 21:4,11,14 22:23 23:15 27:25 32:2 33:8 34:2 36:13,15 41:8 52:10 62:25 75:5 (25)</p> <p>i've 66:18</p> <p>icahn 2:19</p> <p>idea 45:1</p> <p>identifiable 57:16 58:13 61:6</p>
---	--	--	--	---

identifies 47:16	includes 43:5	information 44:9 48:10 50:1 56:2 57:16 58:13 59:5,11 60:2 61:6,17 62:18,20 63:14,18 64:12 65:2,14,21 68:19,21 69:23 70:2 75:18,20,22 (26)	interventions 45:21	just 4:8 5:17 6:12 8:13 11:2 13:5,12 14:20 15:16 17:1 19:11,25 21:19 22:9 23:5 26:15 27:18 28:3 30:21 34:20 35:9,21 37:23 40:8 43:11 51:22 52:12 53:24 62:20 67:4,17 71:7 72:11,19 73:10 74:4 77:9,23 (38)
identify 45:18 48:12	including 41:17 42:2 46:12 47:12 57:23,24 (6)	inhouse 50:11	into 14:3,17 44:14 57:12 71:3 (5)	justifying 38:6
identifying 24:5	increase 43:1 45:22	initial 11:14	invited 55:19	k 2:13
identity 59:9 76:3,3,5,15 (5)	increasing 45:25	injecting 71:3	inviting 57:9	karen 3:7
illegally 14:11	index 67:1	inspections 13:21	involved 6:17	karen's 71:9
imaged 73:20,21	indicates 53:14	instead 25:15	involving 47:11	keep 78:12,23
imagine 5:24 54:1,5	individual 9:1 10:18 33:18	institution 27:5 49:11	island 1:11101	keeping 57:14 58:18
imipenem 46:13	individuals 43:8 44:1 49:25 54:3 58:21 (5)	intake 9:2	isn't 33:1	kept 35:25
immediately 14:12 15:16	industries 66:23	integrity 32:1	issue 15:16 27:11 28:4 33:4 37:25 49:18 (6)	kids 9:10 11:6
impact 37:5 47:9	industry 47:14	intended 6:18 24:17	issued 14:20 60:15	kind 13:12 73:12
imperative 20:22	ineligible 6:7	intent 24:11,20,23,23 25:3,4,8,12 (8)	issues 24:12 28:15 43:5 76:2 (4)	kinds 36:11
implementation 11:25	infant 61:18,21 64:20	intention 23:18 37:24	italy 60:5	kitchen 33:12
implemented 68:11	infant's 61:17	interest 58:16,24 72:17 74:9 (4)	item 40:21 50:24 55:12	klitzman 2:10 18:4 20:4 22:8 30:3,17 31:5 32:2 39:2 70:25 71:1 73:1 (12)
implementing 67:21 68:10	infants 6:11 43:14,22	interested 61:23 80:14	its 25:5 29:23 46:24 49:23 68:2 71:25 (6)	klitzman's 23:21
importance 17:5 36:6	infected 43:7 44:2 45:12 53:15 (4)	interesting 67:14 69:19	jersey 56:8 71:12	know 8:14 9:3 11:13 12:2,20 15:21 17:11,15 22:23 23:19 24:9 26:23 27:7 32:10 34:2 47:18 50:25 51:11 52:12 65:3,8 68:24,25
important 11:5 35:16 44:9,17 47:25 48:8 60:11 62:2 64:14 (9)	infection 42:21 43:12,13,15,24 44:4,6 48:14,16 53:16 (10)	internet 75:15,16 77:23	job 31:24 34:8 40:9	
impressed 11:21	infections 45:4 46:17,18 47:6 48:3 (5)	interferon 44:20	judgment 25:5	
improve 45:22	infectiousness 44:10	interpreted 25:9	july 48:17	
inaudible 4:22	inform 5:18		jump 72:5	
inc 3:5			jurisdictions 68:12	
incidence 48:11				

70:9 71:9 74:16,20 78:3,6 (29)	least 30:19 40:1	likely 48:3 51:24 53:15 66:7 68:17 (5)	67:4	make 5:11 7:24 19:9,12 20:2,8 23:9,11,25 24:15 36:12 44:23 52:2 53:19 63:19 69:20 72:24 (17)
knowledge 45:23	leaving 4:12	limit 6:3,23,25	long 56:5 61:24	making 9:8 24:25 34:3 58:19 (4)
known 55:17	left 19:19,22 32:6	limitation 5:13	longer 6:21 56:24 58:20 59:15,20 64:21 70:16 (7)	male 4:21 28:14 29:2
lab 41:20 49:16,21 50:3,9,11,11 (7)	legally 24:9	limited 6:11	longterm 6:20	man 60:13
label 54:7	legitimate 29:13 34:9	line 15:8 17:19 46:16	look 15:5 19:23 22:1,24 24:14 31:14,16 32:21 44:12 51:6 54:7 (11)	management 3:3
laboratories 41:3 42:1 48:8	length 36:19	linkage 45:22	looked 71:25	mandate 48:7
laboratory 42:13	less 51:24 61:19	linked 45:14	looking 28:5 31:9 57:7 59:20 69:12 (5)	manner 41:20 58:3
labs 49:5,8 50:9,10 (4)	let 29:17	list 42:11 46:24	looks 33:16	manpower 73:13
lack 29:21 30:7	let's 42:14	listed 66:2,7,12	loss 76:17	many 4:10 5:24 8:10 10:11 12:25 13:13 43:21 46:11 68:12 75:16,17 77:24 (12)
language 19:24 21:20 22:2,22 23:1,17,22 24:8,16,21,22 25:13 26:6,22,23 27:8,16 33:6 (18)	level 11:6 38:7,15 46:23 62:12,22 (6)	listen 18:6	lot 7:6 10:14 11:18 35:6 52:2 59:8 60:5 (7)	marching 35:25
larger 48:4	levels 46:11	literature 51:7	low 8:11 66:4	mark 10:18 57:8
last 4:2 11:15 46:16 55:12 60:24,25 61:4 68:3 72:13 76:25 77:3 (11)	levity 71:3	little 17:5 36:25 67:18	luck 39:21	markers 34:10
later 23:7 34:11 66:6	liaison 5:15 8:24 10:4 18:17 19:14 20:14 22:7 23:4,24 (9)	live 26:20 36:10 59:20 65:6 (4)	lucky 43:22	marriage 80:13
law 58:11 61:3 67:25 68:4 72:1,4 (6)	liaisons 10:9	liver 43:6,17,20 44:11 (4)	lynne 2:17	mary 2:3
laws 71:13	licensed 9:18 12:6 33:25	lives 36:12,16 38:4 59:21 (4)	made 4:10 5:19 9:18 10:23 11:23 35:19 60:17,25 69:4,7,7 76:21 (12)	masters 10:12
lead 43:4	life 59:13	living 42:20 57:1 59:4,11,15 61:14 65:2 66:13 74:18 (9)	mainly 49:20	material 69:24
learn 5:22 8:6 79:1	lifetime 76:9	llc 3:3	maintain 10:6 11:5	matter 21:19 28:2 80:15
	like 13:25 15:5 17:4 20:7 22:1,9 31:12 32:19 37:9 39:23 43:21 53:19 54:14 64:23 65:5,19,20 71:18 79:5,19 (20)	load 51:1,12 53:17	maintained 61:25	may 11:8 15:6 18:18 20:23 21:8,9 23:5 25:15 29:16 31:3,19 34:1 38:23 39:4,11,22 51:17
	likelihood 66:2,11	loads 51:4,20,21		
		logistically 73:17 74:4		
		logistics 66:21		

54:2,6 59:23 70:5 76:16 79:12 (23)	meropenem 46:14	modification 7:13,14,23 8:1,14 10:16 (6)	mount 2:19	names 57:19,20
maybe 75:18	microfiche 73:6		move 34:24 40:21 43:19	narrative 2:15
md 2:3,8,13,17 (4)	microfilm 67:1	modifications 11:22	54:15,17 55:25 73:8,18 79:9 (9)	national 47:21 68:7
mean 22:16 25:14	might 24:14 31:18 52:11 64:20 68:25 69:20 70:10 71:4 74:3 75:22 (10)	modify 30:23	moved 39:8	nationally 42:17
means 16:21 44:2		moment 6:20 22:1 25:13 57:12 (4)	moving 4:2 27:22 40:23 46:4 55:11 (5)	nayowith 3:2
measures 44:4	mile 7:21 8:5	monitor 44:22 45:25	mph 2:3,5,10,13 (4)	necessarily 31:16 33:9,13 65:8 (4)
mechanism 50:3 69:11	mill 51:8	monitoring 43:9 44:18 52:7		necessary 30:23
media 74:10	million 59:7,15 73:23	montefiore 3:8	ms 3:7 11:12 12:19 16:11,20 18:4 20:4 22:8 25:14 29:6 30:17 31:5 32:2,25 34:13,20 36:5 37:9,13 39:6,7 49:2 52:9 54:11,17 62:17 64:4 67:13 68:14 69:9,17 70:22 71:1 73:1 77:21 (35)	need 6:15 9:10,23 14:8 15:1 17:2 21:22 23:19 24:14,21 28:10 29:11 30:15,17 31:22 35:22 38:10 59:23 60:6 72:18 (20)
medical 2:6 57:22 58:1 64:1,2 74:7 (6)	mind 78:3	months 37:14,14 51:16		needed 17:16
medications 43:10	mindful 38:18 65:14	morbidity 46:3	msw 3:2	needs 7:10 13:24 18:9 31:20 38:1 (5)
medicine 2:14,15,16,18,19 (5)	minimum 18:25	more 19:12 34:24 42:18 52:6 53:6 57:4,5 63:8 66:7 67:18 69:1 (11)	much 4:17 15:10 39:19 40:11 51:11 64:8 66:7 78:24 (8)	negative 42:2,5 52:3,25 53:13 55:6 (6)
meet 12:21 13:16 16:13 26:7 38:1 (5)	minor 14:19	morning 4:18 18:4 55:21 71:1 (4)		network 36:22 47:22
meeting 1:1 11:16 18:8 52:13 79:20,21 (6)	minute 30:18	mortality 46:3 47:7	municipal 56:1,19 63:13	never 69:7
meetings 16:17	mirror 42:4 45:3	most 8:3 14:24 35:8 44:19 59:3 65:10 67:6,20 (8)	must 18:25 21:2 25:16 41:18,21 42:8 59:12 (7)	new 1:11 101 6:14 16:13 31:13 32:20 41:4 42:18,19,22,25 45:12 47:19,19,24 48:3,12 55:22 56:4,8,9 59:14,16,17 62:14 63:3 65:4,11,13 71 :10,11,14,15,21,24 72:4 74:18 76:13,18,19 78:16,24 80:8 (42)
meets 24:16	miscarriages 57:25	mother 61:15	my 12:19 15:21 18:5 19:5 20:19 22:8 27:22 32:9 34:13 36:25 48:22 71:6 73:2,3 80:11,16 (16)	
member 2:9 77:13	miss 38:25 39:9,10 49:1 54:20 64:7 67:10 69:16 77:8,20 (10)	mothers' 57:19	named 63:4	
members 2:2 63:10 65:19	missed 69:20	motion 20:16,18 30:14 32:9 34:14 39:5,6,16 54:15 79:7 (10)		
mental 1:1 2:4 19:16 24:2 (4)	mistaken 70:2	motivating 71:8		
mentioned 73:4	misused 75:23			
	mixed 74:10			
	model 17:10 61:3 67:18,25 68:4 71:13 72:4 (7)			

news 59:14 73:24,24	39:25 42:16,25 48:2 51:7 (20)	ongoing 43:16	79:1 (24)	patient 44:5
next 18:22 40:21 53:16 64:7 (4)	nursing 46:19 49:3	only 12:5 14:12 15:10,24 42:7,12 48:1 52:22 63:2 66:17 70:18 73:24 74:6 75:8 (14)	others 38:21	patients 44:7,16
nhsn 47:22	nyc 1:1 2:2,4		ourselves 7:8 17:15	pediatric 3:8
nice 69:17 71:2	obtain 38:22	onsite 13:6 35:11	out 6:10 27:13 30:15 35:17 59:5,19 66:23 71:6 72:7 (9)	people 11:13 29:9 43:12,13 44:23 50:7 52:20 57:1 59:3,11 60:2 61:2,14 63:3 65:2,4,12,18 66:12 71:4 75:17 76:5 78:4 (23)
night 6:17	obtaining 9:5	open 11:10 48:25 62:4 63:21 75:6 (5)	outbreaks 48:13	
no 6:25 8:21 16:5 31:5 39:15 58:12,20 61:5,8 69:14 70:16 72:20 79:4 80:14 (14)	occupational 2:12	opening 38:6	outcome 38:24 80:14	people's 59:4 72:21
none 14:10 15:12 74:20	occurs 77:17	operates 2:9 71:15	over 4:11 29:7 36:20 59:7,8,16 61:1 74:18 (8)	per 5:23,23 28:17 31:2 51:8 (5)
nor 56:24	off 5:2,10,14,22 6:16,24 12:8,10,13 15:25 17:6 18:24 22:20 35:11 38:13 54:6 62:8 (17)	operating 12:4,5 14:11	own 29:23 78:11	percent 43:18,19
nos 55:3	offered 40:15	operational 37:2	packed 79:20	percentage 43:21
notary 80:8	offices 66:22 78:11	opinion 27:23	page 18:15	performed 41:21 44:1
note 4:8 37:23 40:13 47:25 (4)	often 29:14	opportunity 76:7	pages 16:25	period 5:6 57:10 64:21
noted 37:20 79:23	old 57:5,6 60:13	options 9:4	paints 48:5	permissive 20:22
notes 80:11	older 61:2 73:9	oral 44:21	pamela 2:5	
nothing 75:14	once 9:24 15:4 60:8 70:3,8,15 (6)	order 30:23 53:8	paper 66:24,25 67:1 73:5 75:13 (5)	permit 8:20 15:15,16 26:7 (4)
now 4:1 12:7,11 14:4 23:9 25:20 27:8 29:20 37:14,15 49:6 55:10 58:5,5 61:19 62:4 67:19 68:2 72:16 75:6,15 78:20 (22)	oncogenic 43:7	ordered 54:1	paragraph 21:11	permitting 17:11
nuance 53:6	one 6:17 8:18 10:6 17:3 18:13 26:16 27:2,17 29:24 31:1 34:20 35:5,22 41:1 44:12 49:22 50:13 54:5 56:5,10 58:17 66:19 67:8,17 71:13 72:5 73:2,19 (28)	organism 46:5 48:21	parents 63:5	person 10:14 31:11 58:13 63:4,6 64:13,19 70:9 77:12 (9)
number 5:7,11 8:5,6,23 9:15,16,19 13:10,11,24 15:22 16:5 25:15 35:1	ones 24:8 49:4 52:22	organisms 46:7 47:5,10	part 32:3 43:2 44:19 60:18 (4)	person's 59:13 61:5,7 70:10 76:8 (5)
		original 5:13,21 10:5 78:14 (4)	participating 47:24	personal 61:5
		other 16:7 17:22 22:20 27:4,17 29:10 31:18 37:17 38:8 44:3,21 45:3 46:20 50:15 53:13,22 54:12 57:11 64:11 65:16 67:11 68:24 73:3	particular 37:6 57:7	personally 57:15 58:12
			parties 80:13	persons 74:17
			passes 39:16	

persons' 64:11	27:1	presumes 6:21	proposal 4:5 5:13,22 10:5 11:14 30:9 40:16 41:13,24 55:25 61:24 62:4 64:25 67:2,15 77:13 (16)	provision 20:9 55:15
perspective 43:23 45:9	positive 42:6,7 52:17,22,23,25 53:1,14 55:5 (9)	presumption 25:24 26:9		provisions 23:23
phonetic 7:10	positivity 54:4	previous 68:16		provoking 67:14
physical 10:22,24 12:18,24 13:16 (5)	possibility 70:7	principal 3:3	proposals 40:25 41:23	public 2:12 5:5 40:17 45:4 47:4,13 58:14,16 60:19,23 61:7 63:15 67:25 68:19 69:4,8,25 70:1,8 72:1,25 75:2 80:8 (23)
physician 52:10	possible 17:8 54:6 68:20 74:24 (4)	prior 58:14 61:7	propose 20:5,7 23:5	
physicians 2:16	possibly 14:14	privacy 62:1	proposed 4:2 34:18 55:13 68:5 (4)	publication 54:16 55:4 79:8,17 (4)
picking 65:16	post 75:18	privately 62:1	proposing 56:21 57:3 58:4,10 (4)	publications 40:23
picture 48:5	potential 47:8	probably 68:16	proprietary 49:7,8	publicly 76:21
placing 75:18	potentially 38:19	problem 22:4	prospective 16:9 72:20	pull 17:23
plan 73:8	practical 66:16 76:4	proceed 30:8	protect 65:15 68:18 77:21,25 (4)	pure 53:24
plant 10:24 12:18,24 13:16 (4)	practicality 67:5	process 13:6,19 15:18 29:24 40:14 50:5 69:25 72:8 (8)	protection 76:18	purveyor 30:4
please 20:5 39:12 54:22 55:16 (4)	practice 2:9,15 3:3 21:25 22:3 25:25 26:8 (7)	processwise 14:2	protective 65:11,17	put 22:12 72:7
pleasure 62:10	precautions 48:16	profession 31:2 32:12 33:25	prove 71:18	putting 19:5 75:20
pm 79:23	pregnancy 57:24	professional 25:6 58:23	proved 60:14	qualifications 5:16 18:14,17 20:12 24:6 25:6 26:11 28:23 34:7,8 (10)
point 8:12 14:13 22:9 23:21 27:9 35:7,17,22 37:13 58:20 59:19 76:22 (12)	prek 17:10	professor 2:12,15,18,19 (4)	provide 8:22 10:8 44:8 52:6 (4)	qualified 10:14
pointed 6:10	prelim 15:2	program 2:15 18:25 33:10 40:2 (4)	provided 7:8 11:19 35:15	qualify 7:11,16
poke 40:3	preschool 9:9	programs 3:8 8:18 11:5 16:8 (4)	provider 45:23	quality 8:19
policy 2:19	presentation 4:10 11:10 41:24 48:23 55:16 64:9 (6)	progress 43:12,15	providers 5:8 47:13 78:21	question 18:3 20:19 26:6 32:14 40:3 50:23 52:10,11 64:5 68:15 71:6,9,13
population 2:19	presented 40:16	project 3:3	provides 35:6 48:9 55:7 61:4 (4)	
portion 55:8	president 2:6 3:5	proportion 45:12	providing 37:3	
position 32:15	presumably 49:12			
positions 10:11				

73:3,13 75:11 76:25 77:10 (18) questioning 21:4 questions 11:8,11,24 18:12 37:23 48:25 50:16 54:13 62:5 67:16 73:2 79:5 (12) quite 23:13 72:1 quote 47:14 race 57:20 radius 7:22 8:5 raise 28:3 rates 47:7 rather 20:22 71:4 reached 35:5 read 26:25 30:18,18 76:1 (4) reading 21:11 39:3 real 76:15 reality 38:14 realizes 70:1 really 11:16 19:16 25:20 31:24 35:2 36:1 39:25 40:12 44:8 45:8 50:19 74:3 75:7,24 76:24 77:4 78:18 (17) reasonable 15:8 17:21 reasons 10:6 72:6 recall 5:21 8:25	16:4 receive 8:15 69:24 received 5:6,24 8:23 recently 60:12 recognition 78:21 recognize 11:17 recognized 29:24 34:9 recommends 61:8 record 35:9 55:20 56:16 60:1,1,14 61:8,15,18 63:4,5,24 68:18 71:20 77:17 78:15 80:11 (17) recorded 58:1 recordkeeping 9:14 records 55:25 56: 2,4,14,15,17,19,23 57:4,5,13 58:7,9,17,18,25 59:2,23 60:7,8,10,23 61:1, 10,13,13,19,25 62:13,15,18,20 63: 2,8,11,12,14,15,17 ,22 64:11 65:11,16,25 66:18, 18,22,24,24,25 67:4,22 69:22 70:17,18,19,20 71:17,22 72:12,18,22,25 73:5,7,9,22,23 74:5 75:2 77:16,22 78:14	(73) recover 43:22 redlender 39:9 redlener 3:7 11:12 12:19 16:11,20 36:5 37:9,13 38:25 39:6 52:9 54:11 62:17 64:4,7 67:10,13 68:14 69:9 (19) refer 20:21 reference 25:22 26:3 29:1,21 30:7 42:3,24 (7) references 26:12 referrals 9:8,18 reflect 18:7 reflects 26:22 regarding 5:1,12 44:9 48:10 (4) regardless 26:20 registrant 63:6 registrants 57:19 registrar 55:23 registration 60:16 regs 18:11 regular 29:9 regulate 35:14 regulated 29:3,25 31:3,10 32:12 (5)	regulates 41:16,20 regulation 5:10 12:9 26:24 37:6 40:4 (5) regulations 15:14 16:25 27:20 39:24 49:12 67:24 (6) reintroduce 41:6 related 19:2 28:7 32:4 75:3 80:12 (5) relates 73:12 relationship 33:19 relative 16:25 67:21 70:10 release 48:18 64:17 71:16 72:11 (4) released 61:9 64:12 66:1 71:20 (4) releases 71:22 releasing 59:1 77:2 relevant 34:1 rely 24:3 remind 41:15 repeats 50:6 replacement 28:16 replicate 19:25 report 37:15,21 38:25 42:1,13	49:6,11 64:1,2 74:7 (10) reportable 41:2 42:12 reported 41:18,22 42:6,8 47:20,23 (6) reporter 80:7 reporting 42:15 45:2 46:8 48:7 49:22 50:3 52:3 (7) reports 52:25 57:23 58:2 represents 47:4 request 7:12,14,23 8:2,15 37:12 52:16 72:21 (8) requesting 69:3 requests 12:1 require 10:11 36:10 41:25 43:8,9 45:2 47:10 (7) requirement 42:13 requirements 10:22,25 12:18,22,24 13:9,10,16 14:22,23 16:14,22 22:18 (13) requires 20:3 requiring 6:20 9:14 resident 46:18
---	--	--	---	--

residential 14:25	50:16,17 52:1	say 18:16 20:25	42:9 54:18 (6)	serological 53:22
residents 9:17	54:18,21 62:7,9,19	25:16,18 28:6	secondary 14:1	serology 53:5,7
resistance 44:25	74:13,16,23 79:11	31:22 35:9 36:9	16:6	service 6:24 8:22
46:11	(15)	39:12 48:20 54:22	seconded 39:9	53:9 60:21 (4)
resolution 55:13	right 22:8 25:2,7	60:4 66:18 69:19	section 18:15	services 4:6
resolutions 4:3	30:10 31:7 40:20	72:11,20 79:13	24:15 29:19 30:6	5:2,14 15:25 16:3
resolve 28:2	49:17 58:5 67:19	(17)	71:25 (5)	35:14 36:11 38:7
respect 18:22	70:13 79:4,18 (12)	saying 24:25	see 29:17,18	56:3 62:18,20
51:24	rising 42:17	25:15	34:21 38:8,16	63:14,18 69:23
response 6:23	risk 38:19 44:11	says 20:23 27:7	53:18 62:10 69:18	(14)
responsibility	56:24 65:2 75:19	32:4	71:2 (9)	session 18:22
19:7,17 20:10	76:15,17 (7)	scenarios 54:2	seeing 32:3 52:21	set 58:9 72:24
34:11 60:20 (5)	risks 59:1,4	schedule	seek 8:19	80:16
responsible	75:25,25 77:2 (5)	56:20,23 58:6,9	seeking 4:25	settings 46:20
33:22	robust 79:6	(4)	seem 21:5 22:14	share 18:5 78:8
rest 27:10	role 5:15,16 8:24	school 2:12,19	24:13	shelter 6:2,4,18
restrictive 63:7	9:8,12 22:6,13 (7)	schools 18:19	seems 20:21 22:9	7:1,13,19
result 49:16	roles 22:4 24:6	19:18 20:24	seen 12:2	9:1,16,25 11:20
results 42:3,6,7	room 1:3 14:18	schwartz	send 50:9	13:7 22:20
45:3 49:24 52:4	17:14,14 40:5	55:17,21,22 62:25	sending 50:8	35:10,18 (14)
55:6 (7)	67:12 (6)	64:22 66:16 67:23	78:22	shelterbased
retail 60:20	rosa 3:4	69:5,10 70:14	sends 49:15	5:10 18:23
review 40:24	roughly 60:25	71:14 73:14 74:20	senior 2:11	shelters 5:3,4 8:4
43:11	rule 25:12 39:3	75:10 76:23 77:15	sense 9:22 13:23	12:3,4,12,21 14:24
reviewing 26:1	58:6 72:19,23 (5)	78:8 (17)	(5)	15:5 16:12
revised 61:4 68:3	ruling 34:19	science 2:19	sent 49:17	36:14,20,23 37:17
revision 23:6	safety 11:1,6 13:3	sciences 2:12	sensitive 69:2	38:11,16 (16)
68:2	16:22 17:20 18:11	scope 33:21	sent 49:17	shifts 34:22
revisions 5:12	47:22 (7)	scummed 56:9	september 1:12	shortly 56:11
rich 79:20	said 43:21 60:15	sdeo 31:21	serious 43:5,17	should 14:2 22:5
richardson 2:17	69:7 70:4,4 (5)	sdoe 31:10	47:4	23:23,25 24:7
27:25 28:3	same 7:22 12:14	se 28:17 31:3	serologic 44:3	31:12 32:5 33:12
	23:22 27:16 28:21	search 74:24	53:24 54:4,9 (4)	37:23 48:20 50:12
	50:2,12 51:5	searchable 63:20		59:19 61:25
	52:18 (9)	second 16:21		72:7,22,23 74:15
	satisfied 26:9	20:16 26:16 39:7		(17)
	31:11			shouldn't 27:21
				shut 14:11

side 32:18 60:20,22 67:11 73:25 74:1 (6) signature 80:20 significant 34:22 49:23 significantly 48:4 similar 22:17,17,25 52:19 (4) simple 52:11 simply 21:7 74:2 sinai 2:19 since 43:1 single 17:3 sinks 13:11 site 35:15 sites 8:6,7 13:25 14:5 15:12,24,25 16:5 22:21 36:15 37:2,17 38:13,20 (14) situation 36:18 six 9:17 37:14 51:17 sixth 68:2 sixto 2:8 slightly 28:4 small 15:22 smaller 13:9 solution 15:6 solutions	17:17,18,24 some 5:18 6:6 11:25 13:5 14:18 15:20 21:22 23:1 27:6 37:13 38:19 43:9,12,20 45:3 53:21 58:19 68:10 71:3,3 75:19 76:22 (22) somebody 32:14,22 60:12 65:8,24 66:7 68:17 74:2 76:13 (9) someone 24:14 53:12 54:6 64:19 70:1,8 71:18 75:4,9 76:2 (10) something 17:21 19:19 21:18 27:20 49:9,15 67:20 69:1 70:11 (9) sometimes 51:16 somewhat 13:22 soon 59:2 sort 6:3,19 8:10,12 14:10 15:11 17:10,23 27:6 35:21 40:6 62:21 70:12 (13) sought 38:9 sounds 40:7 source 75:8 sources 75:6 spare 8:9 speak 10:25 speaker 4:21 15:23 17:9 20:19	23:15 25:17 26:15 28:14 29:2 79:9 (10) special 9:9 specific 7:17 24:22 28:12 specifically 57:8 71:10 spot 18:8 23:14,17 spots 23:2 spread 47:8 stable 36:18 staff 5:16 40:6 stakeholders 47:11 standard 21:25 25:25 35:22 76:21 (4) standards 26:4,12 29:1 30:4 36:7 67:19 (6) standpoint 66:17 67:5,6 stands 29:20,22 30:6 start 62:7 66:20 started 56:11 66:23 75:12 state 18:20 19:8,20,22 20:10 21:3 25:22 26:4,14 28:25 29:21,25 31:3 32:6,12,17 33:2 34:12 47:20 48:18 58:11 61:3 62:14	67:18 71:10,14,16,21,24 80:8 (30) states 46:25 67:20 68:5,8,10 71:11 78:4,25 (8) statics 61:3 67:23 statistics 55:15,23 58:11 68:7 (4) status 37:16 38:23 52:15 stay 6:22 36:19 65:5 steal 76:2 stealing 76:4 stenographic 80:11 stenotype 80:7 step 26:16 36:1,1 53:17 (4) steps 53:22 steve 72:14 steven 55:22 sticking 27:9 still 32:2 36:8 50:12 61:16 64:13 66:8,13 (7) stolen 76:13 stop 27:22 store 78:12 strains 48:12 street 1:42	strict 5:25 12:25 stuff 14:19 40:6 submit 48:1 subordinate 33:2 subparagraph 21:12 subsection 20:20 25:21 28:5 subsidies 9:5 subsidized 6:7 subsidy 7:11 substantive 24:12 substitute 10:2 25:5 substitution 33:23 such 46:13 57:18 sufficient 24:10,19 suggested 5:12 suggesting 5:25 suggestion 24:17 suite 53:23 summarize 29:18 supervision 18:24 supervisor 18:14,23 19:13 20:1,13 22:6,19 23:1,25 31:2 32:11 33:13 (12)
--	--	---	--	---

support 13:2 36:11,22 37:3 52:6 (5)	taking 50:22	thank 4:14,17 11:9 17:25 34:15 36:4 39:17,18,23 40:11 41:7,10 48:23,24 50:14,18 52:1,7 54:11,19,20 55:4 62:3,9 64:8 67:9 68:14 70:22 73:1 74:23 77:6,19 79:6,16,19 (35)	77:22 (26)	47:4,17 50:20 (6)
supported 5:9	talk 29:14 42:14	thanks 39:2 71:2	they'll 15:14 33:22	threats 46:25
supportive 9:6	talked 29:16 52:13	theft 76:3	they're 28:15 44:25 49:8 50:9 52:22 65:5 70:17 72:2 73:11 77:4 78:6 (11)	three 37:14 42:24 53:8
suppose 69:10 70:7	talking 25:20 52:20,24 56:13 62:23 68:23 (6)	thefts 59:9	thing 13:12 27:17 29:13 52:19 (4)	threshold 51:5,9
suppress 44:22	target 45:21	their 6:3,5 7:3,13 9:4 33:20,25 36:12,16 50:9 53:18 66:3 68:19 71:17 72:1 75:18 (16)	things 13:25 35:1 69:19	through 5:18 10:7 50:2,3,4 54:15 66:20 (7)
suppression 44:18 51:15,16	teaching 29:9	them 7:2 9:3,5 10:11 12:6 15:7,17,20 17:4 56:16 57:14 58:19 63:19 65:5 66:20 78:12,12 (17)	think 9:21 11:4 12:8,23 14:24 19:21 21:18,21 22:25 23:3,8,17,20 24:7,10,24 25:3,17,19 26:15 27:21 29:15 30:2,22 31:1,17 32:2 34:4,6,21 35:4 36:1,6 40:8 49:7 50:7,19 51:19 64:10,14 65:22 66:10 68:1,12 69:13 72:14,18 73:21 74:14 (49)	throughout 6:12 35:20 45:16 59:13 (4)
sure 7:24 13:18 21:14 24:15 36:13,15 44:23 69:20 (8)	team 4:7	themselves 36:17 75:19	third 21:11	throw 71:6
surface 35:2 53:10,12	teenage 61:15	there's 6:10 13:5 15:9 17:20 29:18 33:19 51:7 53:22 58:16 66:11 70:2 (11)	those 10:10 12:10,12 35:11 37:16 53:1 60:6,9 65:18 67:3 77:3 78:14 (12)	ths 7:9
surgeons 2:16	tell 51:23	therapy 53:20	though 24:13 29:14 36:3 50:23 (4)	tier 12:4 16:1
surrounding 71:11	temporary 6:19	these 12:21,22,25 13:6,13,21 14:5,24 16:8,13 17:6 24:6 33:5 39:24,25 46:18 47:5,9,23 57:13 58:17,25 59:23 72:12,25	thought 67:14 70:4	tightly 78:10
surveillance 41:15,16 48:21 49:21,22 52:6 (6)	terminations 57:24 68:23	thereafter 7:4 56:12	thousand 61:1	time 6:1 7:2 8:7,13,16 10:22 38:3 52:18 56:5,18,18 57:11 64:13 66:19 67:8 73:19 76:25 77:3 79:23 (19)
survey 8:8,9	terms 31:9 36:17	thera 80:7	threat 46:21,23,23	times 42:24 72:11
surveys 7:7,7	terrific 36:2 40:9	territorial 48:19		title 31:11
susan 2:10	test 42:15 45:2 52:15 53:18 55:6 (5)	test 42:15 45:2 52:15 53:18 55:6 (5)		today 4:15,25 20:3 23:8,11 24:13 55:12 (7)
sweet 18:8	testified 45:14 53:3	testify 76:12		toddlers 6:12
system 3:8 6:13,13 27:15 34:25 35:10,20,23,24 48:2 49:21,22 (12)	testing 43:25 45:23 52:17,20,24 53:23,25 54:10 (8)	testify 76:12		together 17:23
systems 78:10	tests 41:21 42:2 44:8,17 53:9 55:9 (6)	than 20:22 42:18 48:4 51:14 53:6 57:4,6 65:16 (8)		told 16:18
take 11:7 19:17 22:24 51:17 (4)	than 20:22 42:18 48:4 51:14 53:6 57:4,6 65:16 (8)			tom 4:21 20:1,2 21:13,14 23:9 24:23 25:11 30:11,21 31:1,7 32:11 69:13 72:5
taken 23:21				

(15)	66:21	unified 35:23	use 5:14 10:15 16:13 17:9 22:22 38:5 44:20 50:12 54:6 59:22 78:6 (11)	virus 43:7 44:22,23
took 56:8	trio 53:8	uniform 68:4		vital 48:9 55:14,23 56:4 58:11 61:3 66:22 67:23 (8)
top 27:2 77:5	trouble 32:3	united 46:25 78:4		volunteers 59:20
topic 71:5	true 70:6 80:10	universal 17:9	used 26:12 29:6 44:21 76:14 (4)	vote 20:3 23:19 24:20,22 39:11 (5)
topics 55:11	try 17:23 26:17 32:25	universities 18:20 19:18	useful 40:1 78:2	voted 68:9
towards 29:5 34:24	trying 23:16 34:5 40:4 65:10 75:5 78:23 (6)	university 2:16	using 27:19 76:8 78:19	votes 39:15
track 55:8		unknown 15:23	usually 46:16 53:8 54:8	waive 7:17 15:11
transcript 1:1	turn 28:1	unless 23:8 30:16 44:20	v 53:5	waiver 12:1 13:8 14:20
transcription 80:10	twice 30:19	unlicensed 12:8,10,13	various 19:1 33:16	waiving 14:18
transfer 56:23 57:3 58:7,8 63:22 66:17 67:2,7,21 (9)	two 10:6 18:12 41:23 53:13 59:7 74:22 (6)	unlikely 51:10	vary 36:24	walk 5:17 60:12
transferred 56:18 60:8 63:12 70:15 73:11 74:3 (6)	type 13:23 23:22	unsafe 15:9	versus 57:11	want 8:19 11:16 13:4 16:14,20 19:16 21:24 24:11 25:18 30:20 32:8,14 33:11 35:9,17 36:8 38:8,15 40:13 50:17 69:19 72:5 (22)
transferring 63:23 74:5	typically 19:6	until 61:9	very 4:17 8:12,18 9:6 10:13 11:4,13 15:22 35:15,16 36:3 38:2,3 39:18 40:11 49:23 51:10 54:7 56:16 61:22 62:2 63:7 64:8 65:13 66:4,4 67:13 78:10,13 79:19,20 (31)	wanted 68:17
transmission 51:10,22	unanimous 20:3 55:1 79:16	up 14:9 15:6 16:9 17:16,17,24 21:19 23:6,16 24:11 30:21 32:9 51:17 67:11 71:8 74:15 (16)	vett 40:9	way 21:11 28:17 29:16 37:4 55:6 68:9 69:3 73:15 80:14 (9)
transmit 51:4,25	unanimously 39:16	updates 37:5	via 47:21	ways 75:17
transmitability 50:25	uncapped 38:12	upk 17:12	viability 13:20	we'll 5:17 8:13 10:5 32:21 38:24 57:12 (6)
treat 46:10	under 9:17 18:15 25:1 56:15 63:11 72:7 (6)	upon 9:2 24:3 68:6	vice 2:18	we're 4:1,24 9:13 12:11 15:10 22:2 25:20 31:12,14 32:19 34:5 38:20
treated 44:16,24 77:18	underrecognized 50:20	urgent 46:21,22 47:16	view 45:15	
treating 44:13	understand 16:23 52:12 62:21 75:5 77:1 (5)	us 23:16 24:12 26:7 27:22 39:24 40:19 45:6,11,15,17 46:1 47:3 48:12 55:7,8 60:2 62:11 66:22 68:1 73:17 78:17,22 (22)	viral 44:4,14 45:4 51:1,3,12,19,21 53:17 (9)	
treatment 44:10 45:24 46:16 52:7 (4)	understanding 70:14 71:7		viremia 43:16 53:18	
tremendous	undertake 37:20			
	unfortunately 56:7			

40:4,8 50:5 52:20,24 55:10 56:13,21 59:6 62:23 65:1,9,10 69:12 72:16,20,24 78:18,20 (31)	whereof 80:16	willingness 18:6	52:4 53:17,25 54:5,9,14 55:18 57:6,25 58:20 63:22,23 64:22,23,24 65:4,17,20 66:3,4,8 67:2,6 68:20 69:2 71:16 73:10,16 74:6,9 79:5,18 (58)	75:3 (6)
we've 12:2 16:17 21:18 27:18 (4)	whether 13:10 19:11 27:13 44:5 68:20 71:10 (6)	win 7:9		you've 41:12
week 5:23 7:4 77:23	which 4:4 20:21 25:21 28:17 31:10 33:5,21 35:7 40:21 41:20 44:2 50:19 55:13 69:23 71:24 74:3,8,8 (18)	withdraw 32:9 34:13		young 76:6
welcome 37:12	while 38:18 40:7 72:2	withdrawn 30:16		younger 76:5
well 5:8 7:8,9 10:9 11:12 15:23 18:10 19:13 20:13 22:6 23:21 36:16 54:10 58:22 60:22 63:25 64:22 (17)	who 42:19 44:1 45:13 53:1,2 54:3 56:7 59:18 60:13,14 63:3 64:20 65:12,20 66:2 70:9,9 74:18 76:5,13 78:22 (21)	without 36:14 65:18	wouldn't 38:7	yourself 41:6 55:19
went 17:11	whole 6:13 27:15	witness 80:16	wrapping 74:15	207 55:14
what 9:4,23 12:11 13:20 15:5 21:6 22:22,25 27:7 30:15 31:9,16 37:1,16,17 40:3 41:17 42:4 47:18 48:4 50:24 53:18 56:21 57:1,13 62:16 65:14,23 71:3 75:5 78:6 (31)	whom 28:13	woman 74:21	written 25:13	332 1:3
what's 33:3 45:9 71:8	whose 18:9	won't 49:13,18	wrong 31:4	901 59:17
whatever 67:3 68:24 73:11	why 30:22 32:3 57:14 58:4 61:12 72:16 (6)	wondering 13:5 16:24 17:2	year 36:20 57:8 60:13 61:21 67:3,8 (6)	1204 79:23
when 8:10 17:15 26:25 33:15 40:5 58:20 64:13,19 65:9,24 72:24 73:20 75:12 (13)	widely 36:24 47:8 63:8	wording 20:20 21:5	years 4:11 9:17 39:25 57:5,6,11,11 60:25 61:2,9,10,12,16 66:1,6 71:17,23 74:22 (18)	1500 51:8
where 26:20 42:5 43:16 51:9,23 54:2 76:1,2,12 (9)	will 4:8,12 9:21 13:1,15,17 14:4,10,12,25 15:15,17,20 16:10 19:23 25:8,8,9 26:8 32:22,25 37:11,20 38:12,21 40:20 43:15,18,19,21 45:6,11,16,20 46:1 47:10 48:8,12 49:5,11,13 50:2,4,7,21 51:15 53:8 66:13 71:6 75:17 76:2 (51)	words 51:24	yes 12:18 15:21 16:18 32:24 33:12 34:20 37:19 69:9 72:21 76:23 (10)	1700 47:23
whereas 66:5		work 6:16 13:23 14:4 33:9,11,19,21 34:2 36:2,12,16 69:12 (12)	yet 68:13	1804 56:11
		working 15:17 16:8 49:24 63:18 (4)	york 1:11101 6:14 41:4 42:18 47:19,20,24 48:3 55:22 56:4,9 62:14 63:3 65:4,11,13 71:10,14,15,21,24 74:18 76:13,18,19 78:16,24 80:8 (28)	1905 68:1
		works 78:25	you're 21:6 24:25 40:5 55:17 68:22	1940 76:23
		worried 23:15		1952 77:4
		worse 34:3		1992 61:4
		would 4:8 6:3,15,24 7:16,24 8:1,21 9:1 10:17,18,21 14:3 16:19 17:4 19:12 20:5,7 21:15 25:1,2,16 28:5 37:9 42:4 50:1		2006 73:21
				2011 68:3
				2013 43:2
				2015 47:19 59:17
				2016 42:21
				2017 1:12
				3600 47:20
				4300 61:20
				4718 18:15
				8500 42:22

11101 1:11101

100000 42:19